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THE

ECLECTIC MEDICAL JOURNAL.

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Part 1—Original Communications.

HISTORY OF THE ECLECTIC MEDICAL INSTITUTE OF CINCINNATI, AND ITS ETHICAL PECULIARITIES.*

BY PROF. G. W. L. BICKLEY, M. D.

The Eclectic Medical Institute of Cincinnati is well and favorably kn[illegible] to the friends of liberal and progressive medical science, in all parts of the United States, and even, to a limited extent, in Europe. Situated in a flourishing, healthy and central city, its halls have accommodated students from all sections of the United States, the Canadas, Europe, and the West Indies. Representing the great body of progressive practitioners, its friends have manifested a deep interest in its prosperity.

It is quite time that an impartial history of its rise, progress, difficulties and prospects should be attempted, for while the witnesses yet live, there can be no great difficulty in eliminating its historic facts for record. Of course the medical profession alone will feel a deep interest in such a subject. It is for the profession that the following pages are prepared.

To get clearly at the subject in hand, it will be necessary to go back to the first budding of Eclecticism in America; and here it seems to be proper to define the term Eclectic, as understood in the ethical character of this school. It is that system of medical philosophy which rejects all theories not founded on well ascertained facts; which recognizes experiment as the basis of progressive medicine; which carefully scrutinizes all systems, and adopts such, and such only, as stand the tests of experience; and which rejects no theory, no opinion, without first submitting it to the ratiocination of inductive science. Such is a general definition of Eclectic medical science, but of course a great number of adjunct considerations are to be entertained in fixing ethical standards.

It is no part of the object in view, in the following pages, to eulogize or misrepresent any one who may have taken part in this school, but to preserve a truthful record of the events connected with the history of the school, and to place all parties in the right light for all coming time.

Very many persons, deceived by the name, suppose that Eclecticism, as understood by us, does not differ from the Episyntheticism of the ancients; but, at most, we are only comparable to them. The mere idea of Eclecticism dates back to a very remote period in the history of medicine, but the present, the modern application of that idea is due to an American physician, whose labors have been greatly furthered by the exertions of others. With all the lights of an advanced civilization, it could not be otherwise than that American Eclecticism should materially differ from the Episynthetícism which prevailed in those remote ages when history fades into fable, and science mingles with alchemy. Though the ancient idea of Eclecticism was long lost to the eye of medical science, yet every age and every nation has boasted of some very successful practitioners, who scorned the straight-jacket systems of the schoolmen, and who refused to admit as correct, theories which did not bear the rigid tests of practical experience.

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* Entered according to Act of Congress, in the year one thousand eight hundred and fifty-six, by G. W. L. BICKLEY, in the Clerk's office of the District Court for the District of Ohio.

The science of medicine depends for its rationality very much upon the condition of the collateral sciences; hence we can easily conceive how the physiological researches of Gall, and the electrical discoveries of Franklin, would each give an impetus to individual research among the devotees of medical science. The critical acumen of induction enabled physicians during the last half of the eighteenth, and the first part of the present century, to detect and expose many of the fallacies of theoretical medicine. These labors of exposition originated sectarian parties, many of which took distinctive names. Thus, Thomsonism was the name applied to a sect of radical thinkers and revolutionists, who based their ethics upon the opinions of Samuel Thomson. Homœopathy was another sectarian name given to a set of physicians equally as radical in their ethics as the Thomsonians. This sect was founded by Hahnemann, whose entire system was based on a single law of cure, diametrically opposed to that on which Allopathy is based. Hydropathy was the name applied to a sect still more radical than either the Thomsonians or the Homœopaths. This sect was founded by Preisnittz, a German miller, (!) and was based on the idea that water is the universal agent, and that all drugs are worse than useless. These various sects were radical in the extreme; *e. g.*, the Thomsonians rejected mineral medicines entirely, but carried vegetable drugging to a very great extent. The Homœopaths reduced their doses to such an infinitesimal fractionage, that their practice seemed to be Orthopathic, if not supremely ridiculous. Allopathy, on the other hand, was made dangerous in consequence of the heroic practice of its advocates, who manifested a disposition to increase their doses proportionally as the Homœopaths decreased theirs.

Hydropathy, appealing to the public prejudice, sought to overthrow all systems of drugging, and to substitute water appliances alone, as a means all-sufficient for the removal of disease. To these divisions might be added others, with their various satellites, modified to suit the different localities in which they existed.

Amid all this radicalism, all the consequent jealousy of parties, all the hostile tournaments, all the strife and warfare of sects, the fair form of Episyntheticism arose, clothed in the mantle of truth, venerable with age, yet flushed with the ardor of youth. Good and true men, men in search of truth, men from the rank and file of all parties, rallied around the fair form of the long buried idea of democratic medicine. They condensed the apostolic motto, "[illegible]ove all things, hold fast that which is good," into the single word *Eclectic*, and wrote it indellibly on their banner. It became the ethical characteristic of those who were willing to face the angry forms of bigoted sectarianism, and to contend for the supremacy of truth in science, as well as in politics or religion. It was the proclamation of such advocates of conservative medical science, of their willingness and determination to examine every system fairly and impartially, and to adopt only such as would stand the severest tests of practical application.

It would be only natural to infer that a system so democratic, so rational, so liberal, so progressive, would have been hailed with greetings of hearty approval; but the enunciation of such an eminently judicious platform was met by the sternest and most determined opposition. Sects and parties immediately opened on it a tirade of violent abuse, in which each seemed to vie with the other, not only in misrepresenting the advocates of the system, but the system itself. The followers of Thomson and the friends of Allopathy allied their forces to oppose it. Eloquence and logic, rhetoric and oratory, ridicule and sarcasm, the pen and the press, were invoked to do battle against it. Legislatures and corporations were appealed to; the public mind was inflamed by the basest calumnies; in short, every available means of opposition was brought to bear on Eclecticism, the avowed enemy to sectarian medication. We who have been incorporated into its ranks at a later date, can hardly conceive how a *few* men, surrounded by such embarrassing odds, should have been able to sustain themselves against such a combined opposition and powerful influence. More especially do we find cause for amazement, when we learn that the advocates of Eclecticism made great pecuniary and social sacrifices by their bold and fearless expositions of the errors of old physic, of partizan medical science. By a simple obedience to the dogmatism of the schools, the men who set the ball of Eclecticism in motion might have enjoyed all the rights and immunities of the old orthodox partizans, yet they willingly surrendered these advantages for the pleasure they experienced in teaching the truths of liberal and rational medicine.

To the founders of a system of medical science so truthful, and so much in advance of the sectarian philosophies of the schoolmen, there is due great praise; but more especially does the originator of such a system deserve the special thanks of humanity. Such men are revolutionizers in the true sense of the word. They are patriots, and merit the plaudits of a people just as much as the political economist, who sacrifices every personal advantage to secure the public good. It requires a long reign of error to develop the truth. Cyrus, notwithstanding the desolation which followed in his wake, left the nations that he conquered in a more enviable condition than they enjoyed before he visited them with the whirlwind of war. Charlemagne, Cromwell, Napoleon, were all benefactors; they severed the chains of bigotry, of dogmatic scholasticism, of royal prestige, and gave independent thought an opportunity to confront the old scoriated systems on which no feature of young and vigorons life could be traced. Systems that had grown old could not be attacked by individuals without calling down the anathemas of the royal establishments. Men might think, but they dared not write; they dared not publicly proclaim their convictions; they knew the fate of Galileo, and trembled at the mere idea of the authority of church, state, or academy. Luther is a brilliant example of those revolutionary heroes; he severed the mystic meshes of church dogmas, and taught men their inalienable right of private judgment. Cromwell taught the people that they were men, as well as the nobility who claimed the right to think and legislate for them. Napoleon threw open all the avenues to knowledge, and invited all to engage in the development of art, science, literature, government and theology. He destroyed the antiquated claims of academies to sit in judgment on the opinions of individuals; thus giving to art, science and literature, an impetus which has conferred upon France incalculable advantages, and distinguighed her among all the nations, as the most advanced and the most liberal and enlightened. Napoleon did not, however, effect this perfect revolution entirely by his own transcendent genius; he found the very clearest, most comprehensive, as well as the most analytical minds, in all departments, to constitute powerful engines in effecting his purposes. He had studied the history of France, saw the errors which beset her society, and when the time arrived, he knew exactly where to commence a reform. It was thus that he became, in truth, the Emperor of the people! and though he dragged the nation through seas of blood, he purified its tastes, and invigorated its intellect.

The American revolution was more strictly political, yet the political freedom of the people has given a right to individuals unknown in England. America has labored under many disadvantages, among which the recent settlement of the country, the poverty of the federal government, the economy of democracy, and the great division of patronage, stand out most prominent. These qualities, in a political aspect, are very commendable, but, as tending to influence the development of science, art, and literature, they constitute insurmountable barriers. Public opinion is more tyrannical in the United States than in France, notwithstanding the facts that France has an Emperor, and we have a President chosen periodically from among the people. It is to be remembered that we inherited our standards, scientific and literary, from the mother country, the influence of which has not been completely shaken off, even after so long a lapse of time. Wealth, both in the United States and in England, is a necessary condition to scientific eminence. By this it is not meant that a penniless author is excluded from contributing to the current literature, but that wealth and position are alike necessary to enable the devotee to labor under even slight advantages. Government does not extend to him the advantages of a library; true, there are libraries of a heterogeneous kind here and there, but they are neither adapted to the wants of the devotee of science, nor even accessible to him, except under the restrictions of a heavy membership tax. They are generally in the hands of associations, which do not manifest a very great interest in the productions of works of science, or the development of art, further than is indicated by commercial requirements. As a general fact, it may be stated that the Americans are more fully awake to the requirements of personal comfort, than to the development of all the appliances which tend to perfect science. It is admitted that there are very honorable exceptions, but whoever has observed American character must have learned that we are yet in the commercial era. Hence, our most marked advances are in the development of those agencies which tend to develop wealth more particularly. Our inventions are every way creditable; yet, if an invention shall be accomplished which has no reference to the commercial idea, it will be found that our people will fail to perceive its utility. The Linnean system of Botanical classification is just as much an invention as Fulton's application of steam; Powell's system of the human temperaments is just as much an invention as McCormick's reaping machine; yet the labor-saving apparatus will engross public attention, receive medals from State fairs, and be an especial object of federal and corporate protection; while Powell's system of the human temperaments will bring no medals to its author, will receive no corporate favors, and not even secure him a guarantee against starvation, in case his private means should fail to serve the purposes of physical requirements. This is not the case in either England, France, or even in autocratic Russia. In America, dollars graduate the standard of worth; in France, intellect and scientific acquirements are passports to the best society and the highest positions of trust and honor. There the poor devotee of science finds the most extensive libraries, writing desks, paper, pens, and attendants furnished to his hand by the munificence of government; here he finds no such conveniences, and his empty purse often freezes his most earnest desires to communicate to the public the results of his scientific observations.

We aver these opinions, as a medical man, and as a man of letters, who has an intimate association with both scientific and literary men, and whose observations upon the state of the profession in Europe was derived from personal inspection, and actual residence. But to understand the true character of sects in America, it is necessary to examine very briefly the people themselves.

The American, in any light he may be viewed, is a vain man. In his childhood he has been taught "out of America, out of the world." He regards his country as being the most powerful nation; his form of government the best; his countrymen the most enlightened people on earth, and himself as the most enlightened of his people. Take any specimen American, and the above applies to him. Of course there are those whose travels and actual experience have dispelled the illusion; but still the great mass of our people never admit that any people are more enlightened or liberal than Americans. In a political aspect this may be well enough; but as a condition favorable to the development of the arts, sciences and literature of our country, it is very questionable whether such opinions do not favor a ridiculous bigotry in the public mind, and incline us to treat with contempt the opinions of enlightened men in other apparently less liberal countries. The American prides himself on his acuteness of perception; hence he cannot be more certainly offended than to tell him that he is dull of comprehension; that he has failed to perceive the truth of any proposition. What he believes, has his entire faith: what he doubts, he unhesitatingly denies, and especially if it should chance to conflict with his preconceived opinions. He has unbounded confidence in his own abilities and will not, for a moment, tolerate opposition to his views. Hence the sectarian quarrels in America are usually of the most embittered kind. If he loves, he loves with zeal; if he hates, he hates with malignant intensity. The true sample American never for a moment dreams that Oxford and Cambridge tuition is equal to that of Yale, Harvard or Chapel Hill. He has never dreamed that Guy's Hospital is a more extensive establishment than Bellevue. He would think it sacrilege to question the transcendent medical abilities of Rush, and could never be made to understand how physicians should think for a moment that the yellow fever epidemic of Philadelphia proved the great Rush to be as arrant a quack as was ever produced by our country. While he goes abroad to see the sights, he is determined never to admit that he learned anything new—in fact, if questioned on his return, or while abroad, he would say America was ages in advance of Europe, especially in medical science.

No wonder, then, that he should be so testy about his opinions at home: no wonder that he should cling to them as the child does to a bright coin: no wonder that he will defend his opinions, if need be with his life. It is his nature to do so—to do otherwise would be to expatriate himself: to be untrue to himself and his national peculiarities. But aside from all this, the American also knows that his country is peopled with a conglomeration of all peoples; that each is ever trying to bite the other in some way. He knows that the Dutchman is a close-fisted specimen of humanity, who makes every penny a pound in settlement; that the Irishman takes no drugs so willingly as when soaked in corn whisky; that the regular live Yankee is alive to a speculation, and that it matters little who is sold, so he but succeeds—in short, the American knows that money is the end of all exertions in this country, and that the true Yankee, no matter whether born in Texas or Maine, would operate in new theories as soon as in wooden nutmegs, provided the profits promised to be as large: hence, the sample American is constantly on the alert, lest he be duped by some of these speculators. To secure himself against imposition, he adopts a non-intercourse policy; denies all things not admitted by his standard authorities; and, when compelled to admit that he has lost the rule, he claims to have been long one of the triumphant party.

American physicians, as a general thing, are not inferior to those of any other country; but so many speculators have sprung from the ranks of the profession that the great mass have been compelled to establish for themselves a standard of opinion and scientific respectability, and this has been done alike by each sect. The ethics thus made from circumstances are greatly varied, and as a whole, by no means worthy. While there is a perfect liberty in the process of generating new sects, those sects are very illiberal, and persecute each other with a zeal worthy of a better cause.

It is not to be doubted that many of our prominent medical sects are the resulting products of speculating schemes; yet, those who afterward become sectarian partizans may be honest in their advocacy of their cherished tenets. Sects generally claim for their founders some successful speculators, who, whether deserving or not, had obtained reputations. Most commonly the reputation is dependant on the amount of bloviation that has been practiced, and certainly, in some instances, this has been extensive enough. Nearly all men, when they enter upon the studies of the healing art, are scientifically honest, and if they afterward become otherwise, it is to be attributed more to the bias of instruction than to any innate desire to speculate on the credulity of the masses. The lines of sectarianism are so distinctly drawn that students are forced by the press of ethical circumstances to take sides with some one of the numerous sects, from which moment they become disgraced in the estimation of other sects. This policy is exceeding illiberal and unphilosophical—in fact, it is a disgrace to men of science individually and collectively. An honest difference of opinion in medicine is not more disreputable than a difference of political sentiment; yet, while one is tolerated, the other is not. Every citizen, every man and woman who has a body to be diseased, ought to be informed that this system of sectarian prejudices is highly detrimental to the best interests of the public—a check upon the progressive improvement of medical science, and an outrage on common sense. The custom arouses our worst passions; blinds us to the perception of scientific truth; cuts off that social intercourse which should exist among gentlemen of liberal acquirements; prejudices us in estimating the worth and acquirements of each other, and leads us to a libelous defamation of the acts and opinions of those to whom we are opposed. The practice of medicine is supposed to be founded on our convictions of right and a knowledge of all the appliances to be used in the restoration of health. Hence, to call in question the correctness of a practice is to intimate the imbecility, ignorance, and dishonesty of the practitioners who advocate that particular practice: hence the bitterness and personality of the disputes of medical men.

In examining the composition of the various sects of the day, we find in each, men of the highest moral worth, men sustaining unblemished private characters, men of acknowledged abilities, men whose opinions on any other subject than medicine, are courted everywhere. Yet these same men suffer no unimproved opportunity to pass when they can misrepresent each other. Each seems to hold the other in total contempt, if not at such a distance as to avoid personal contact. They dare not meet together as other men of liberal scientific acquirements, and honestly take counsel of each other. They refuse to recogize each other in their public assemblies so much, that we doubt whether any other known sectarian could get a respectful hearing-even if he would consent to bury his independence long enough to make the attempt. This experiment, however, will in all probability, never be tried, as the native independence of Americans would prevent such an attempt, no matter what the class of the sectarian may be.

The Eclectic branch of the profession in America long since recognized these serious evils, and has constantly inveighed against them; but it must be admitted that this has manifested some of the proscription itself, that it condems in others. It should discard everything wearing the phase of sectarianism, and this has been the policy, though not entirely carried out; *e.g.*, when it is thought proper to call a medical convention, *all* physicians should be invited to attend, and each should be allowed to express his convictions, in the fullest manner. It is our duty to investigate impartially, and to demand from others an impartial investigation of our opinions. This is the basis of medical ethics in France, where, if anywhere, the general profession may be called Eclectic. The American idea of Eclecticism can never be planted in France, simply because the ethics of French medicine are already Eclectic. Not so in England, not so in any other country. France stands alone in this particular.

Whether the profession in America is ever to become thus Eclectic or not, is a question which can only be answered by the developments of the future. That something has been already accomplished there can be no doubt, and it is the object of the writer to show in succeeding chapters, just what has been done—to furnish a history of the Eclectic movement in the United States. To what extent he may treat of other systems of medical science in America, he is not at present prepared to say. If the Eclectic profession will furnish the statistics of their practice, he will be enabled to make this work much more interesting and valuable. Tabular views of cases, stating kinds, number, age, sex and results, can be easily made up from the day books of any practitioner, and when each one reflects on the paucity of such material, it is hoped the profession will comply with this request. Such statistics may be sent to the editor of the Eclectic Medical Journal, Prof. R. S. Newton, Cincinnati, Ohio.

[TO BE CONTINUED.

Cincinnati, December, 1856.

ASCLEPIN.

BY GROVER COE, M. D.

In selecting a plant of such well known remedial value as the Asclepias Tuberosa, as the basis of my remarks, I do not expect to enlighten the profession materially in regard to its therapeutic worth, or range of application; but simply to direct their attention to the intrinsic merits of its concentrated equivalent, Asclepin. In this, as in many other instances, the thanks of the profession are due to Messrs B. Keith & Co., for their indefatigable researches, and successful efforts to provide them with convenient and reliable remedies. Combining, as it does, uniformity of strength, certainty of action, convenience of administration, and representing fully the therapeutic constitution of the plant from which it is derived, the Asclepin ranks among the foremost agents of the materia medica. The already large, and still increasing demand for the Asclepin by practitioners throughout every section of the country, speaks more in its favor, than aught I can say. The Asclepias Tuberosa, known by the common names of White Root, Wind Root, Colic Root, Pleurisy Root, Butterfly Weed, &c., belongs to the Nat. Ord. Asclepiadaceæ—Sex. Syst. Pentandria Digynia. Its medicinal powers reside in two distinct principles, namely, resinoid and neutral. These two principles, isolated singly from their non-medicinal combinations, and then recombined, constitute the true Asclepin.

Many unsuccessful attempts have been made by manufacturers to obtain the medicinal principles of this plant in the form of powder, but they have only succeeded in producing an oleo-resinous mass, or by trituration of the mass with sugar of milk, a nearly valueless powder, termed Lactinated Asclepidin.

Messrs. B. Keith & Co. were the first, and are yet the only ones who produce this remedy in its present elegant and reliable form. Their energy, enterprise and chemical skill have enabled them to surmount every obstacle.

Asclepin is carminative, sudorific, antispasmodic, expectorant, diuretic, alterative, laxative and tonic. It expels wind, relieves pain, relaxes spasm, induces and promotes perspiration, equalizes the circulation, procures rest, stimulates the venal functions and strengthens digestion. In the treatment of pleuritis and other affections of the serous membranes, it has earned an extensive and highly deserved reputation. In fevers of every type, pneumonia, peritonitis, inflammatory rheumatism, and, in short, in every variety of inflammatory diseases, its virtues are unrivaled. It induces diaphoresis without raising the heat of the body, or increasing the force of the circulation. In the treatment of hooping-cough, it is an admirable remedy. During the latter stages of phthisis pulmonalis, it promotes expectoration, abates the fever, allays pain, procures rest and stimulates the digestive powers when other remedies prove of no avail, thus securing comfort to the patient, if not a cure.

In chronic diseases and the diseases incident to females, its virtues are no less marked. Chronic affections of the liver, spleen, stomach, and bowels, are, by its employment, relieved and cured. There is no better agent for combining with podophyllin for the purpose of enhancing its efficacy and modifying its action. Before the introduction of the concentrated remedies, I was in the habit, for many years, of combining the crude asclepias with the podophyllum for that purpose, and found it the best of any other.

Combined with helonin, the practitioner will find it one of the most reliable remedies ever employed in the treatment of leucorrhea, prolapsus uteri, menorrhagia and dysmenorrhea.

Other effective combinations may be made according to the indications. Thus, with senecin, or cáulophyllin, or oil of erigeron, cypripedin, scutellarin, eupatorin, (purp.) in the treatment of hooping-cough, asthma, etc.

In obstinate constipation, it is a powerful auxiliary remedy. In fact, its range of application is universal. No other remedy will admit of more extended exhibition than this. It would be difficult to find a condition in which it could be given amiss. In the treatment of dysentery, cholera infantum and affections of a similar type, as an auxiliary remedy, its real worth cannot be set forth in language. Those only who have used it long and extensively, can fully appreciate its true remedial character. Thirteen years' clinical experience in the use of this article, both in the crude and concentrated form, enables me to speak thus positively in its behalf, and I am sure the evidence of many practitioners more experienced than myself, will justify the high encomiums I have lavished upon it. My experience in the use of the Asclepin, confirms it in possession of all the therapeutic powers heretofore awarded to the crude artic e. This is just what the practitioner requires of the concentrated medicines, and upon this fact, in respect to the Asclepin, he may rely.

Dose of the Asclepin—one to five grains.

New York, October, 1856.

MEDICAL TEACHING.

BY PROF. G. W. L. BICKLEY, M. D.

In this democratic nation and in this practical age, we demand a strict scrutiny of all classes, and a thorough examination of the claims and pretensions of the individuals composing such classes. No positions are beyond the critics ken; no station too sacred for his microscope; no profession so elevated as to be above his reproach. Nor does it follow that the humblest citizen may not receive the laurel wreath at his hands. The spirit of the age, conjoined with the practicability of our people demand that we should put the best men in the best places; that they should do the best things in the best manner. Reality of acquirements are demanded—mysterious pretensions will no longer pass unobserved. Whoever builds a ship must build her in the best manner; whoever appears before the public must play a master's part. Pretenders must give place to genuine actors; charlatans have held sway long enough.

"Be cautious," whispers Mr. Careful, who is afraid of his own shadow, "be cautious, you certainly do not mean to call in question the ability of this successful politician, that popular preacher, that excellent judge, yon honored artist, this learned professor. Surely you will not dare to question the transcendent abilities of those well known and honored persons?"

That, sir, is just what I mean to do, to test their pretensions; for I claim that fair exteriors may disguise rotten interiors. Why, dear Mr. Careful, are you so credulous as to believe that all is gold which shines? Poor man! You are as green as a bay leaf, and it is well for society that we are not all of your credulous nature. You say you are Mr. Careful, I demand proof—do you know with mathematical certainty who your father was? Do you know, in short, that you are Mr. Careful, and not somebody that has been palmed off for that gentleman! Will you swear that you are the third son of old Careful—bone of his bone, and flesh of his flesh?

"Well, I *think* I am Mr. Careful. I was born in old Careful's house. Old Careful calls me son, and I *think* I am young Careful?" So then, sir, that is all the evidence you have that you are young Careful! I am free to admit that the evidence is not conclusive to my mind. I demand proof, and till I get it I shall regard you as an imposter. Nay! start not; I believe what I say, and I adduce my reasons for this conviction: Old Careful had black hair; yours is light. He had black eyes; yours are blue. He was tall; you are short. He was obese; you are lean. He was brave; you are timid. He was shrewd; you are knavish. In fact, during that Millerite meeting, a few months since, Mrs. Careful admitted that you were not what you ought to be, and therefore you are not young Careful. So then, my good sir, don't, if you please, pretend to be what you are not. Put on the tests, and if you can't prove yourself to be what you pretend to be, don't, in the name of common sense, try to humbug people by your silly pretensions.

Teachers may often be what they pretend to be, but that they are not *always* such, we shall find out when we demand the proof. This or that college, notwithstanding its great pretensions, has fixed the standard entirely too low. Academic honors are bartered for gold, and not for worth and solid acquirements. As long as our institutions of learning are mere shaving shops, catch penny establishments, just so long will pretenders hold high carnival on the scientific and literary stage. Our colleges, to attain a high distinction, must be founded on a basis more substantial than the idea of commercial capability. The Faculties must not depend altogether on the proceeds of tuition fees for support. Their salaries ought to be fixed at a certain sufficient sum, and the surplus ought to be placed at the disposal of the Trustees, either for an endowment fund, or to improve the establishment. Where this is not done; where the faculty are in the habit of dividing the surplus proceeds, their whole energies are devoted to the work of increasing their income, often, at the expense of the object for which such institution may have been founded. The value of the honors to be conferred by the faculty are greatly lessened, since the public soon learn that money and not worth has procured its favors. A great variety of experiments have been tried by those who felt the necessity for a revolution in this particular, but thus far, in the United States, the attempts have failed to accomplish the desired ends. The basis of the error—the root of the evil—is to be traced to the commercial idea in which our institutions, scientific and literary have been conceived.

There is no difficulty in procuring a Faculty, especially when it is thought that the institution will *pay*. Situations are sought for by speculators, more for the salary than the honor. Men of true worth, and real ability—men of deep learning, and profonnd research—are not generally money hunters; and hence, they seldom *seek* positions in medical or other scientific institutions, and trustees do not usually seek them. The most profound men, are not usually the most prepossessing men; this also, is a reason why they do not get situations as teachers. The scholar's highest ambition is an honorable distinction among men of science, and hence they are thrown in the back-ground, from native modesty, while audacious pretenders, in their race for dollars, occupy prominent positions.

Now, I wish it to be distinctly understood, that I claim for *all* competent teachers a salary sufficient to support them in good style, and to furnish them with all the incidental requirements of so responsible a position. They should be independent of mercenary influences—above the temptations of the dollar—and be honored for their learning and for nothing else, save honor—and here let me remark, men of deep learning will be found to be above petty meanness. Unfounded pretensions usually spring from those who are unworthy in all the relations of life.

It is with American institutions we are

to deal. I shall confine my remarks to the Eclectic catalogue of those institutions. True, illustrations may be taken from European and American institutions even of the Allopathic branch, but I desire to refer more particularly to Eclectic teachers, Eclectic colleges, and the Eclectic Medical profession. And while I admit that my strictures would more particularly apply to Allopathists, I am content to look among our own institutions and teachers for the evils of which this paper complains.

I hold it to be a correct position, that he who accepts a chair in an educational establishment, whether it be University or College, Academy or Seminary, with no other object than to accumulate money, is always unworthy, and very often a mere superficial pretender, whose scientific acquirements may be measured by the standard tests of the dollar. How often do we find young and inexperienced men, who have had but little time for study, less time for travel, and often no ability to observe, with no practical knowledge, and defective general information, assuming to teach men of great practical experience, who have had superior opportunities for observation, and who, under the rigid tests of examination, would range higher as men of science than those whose lectures they are called on to attend. I am aware that age does not always give experience. I am also aware that very young men, comparatively, make good teachers. In all such instances, however, it will be found that they are men of superior mental capacity, of great powers of observation, of extensive research, who have enjoyed superior advantages. Such men bear examination, and compare favorably with any other class of teachers.

The evils of superficial teaching have always been cognizant to the profession. A great number of efforts have been made to remedy the evil, among the most absurd of which was the free school movement, inaugurated in the Eclectic Medical Institute by a ready experimentalist. I know not what the object could have been, except to avoid the commercial idea, that caused the faculty of the school to adopt the scheme. The end to be attained (i. e., the ejection of the commercial idea) was certainly very commendable; but that a free school system was not adapted to the removal of the evil is clear to my mind. Nay, I believe that it was founded on the commercial idea, and as such ought to have been at once sternly rejected. Had the institution been the recipient of State patronage; had its chairs been endowed; had the building, library, museum and apparatus been purchased by the public money, then, and in no other way, ought such a plan to have been entertained.

Even though the latter conditions of endowment had been attached, I have strong reasons for thinking that the experiment was by no means a wise one, since the State of Michigan has made a sad failure in the Ann Arbor school, notwithstanding the fact that its endowment is very perfect, and the tuition absolutely free. With all the inducements afforded by that institution, students shun it, and the profession regard it with distrust. In the case of that school the State has undertaken to do just what Faculties nearly always do, viz.: to speculate on the profession. Let us see how this speculation was to be effected. There were to be no tuition fees, but each student would spend for board, books, &c., some $300 per session. The presumption was that students from all parts of the country, would flock to its halls. The classes, it was thought, would reach 1000 in a few years, thus eclipsing even the Philadelphia schools. This would at once have produced an annual revenue to the state of about $300,000, which, as nothing comparatively would be taken away, would be a great item of wealth. It was a State speculation, and nothing else. But, like many other schemes founded on the commercial idea, it has most signally failed to meet the expectations of the advocates of the plan.

In the case of the Eclectic Medical Institute the same holds good. The scheme was one to increase the commercial capability of the college, as will appear by a little figuring. The classes, before the free school movement was set on foot, generally fell under 100, producing an annual income of about $6,400, including tuition and diploma fees. The annual expenditures, for stock dividends, &c., is not much short of $3,000, leaving some $3,400 to be divided among seven professors, or about $485 each. This yielded but an insignificant salary. But how was a reduction of fees to increase that salary? Thus: The classes, it was contended, would soon swell to over 500 students, and that over 800 students would attend the two sessions (Winter and Spring). 800 students at $20 each would give $16,000! to which was to be added the diploma fees; and it was said that over 200 diplomas would be conferred, which, at $20 each, would yield $4,000 more, thus making the total income $20,000 instead of $6,400. The expenses being the same, of course there would be $17,000 to divide among the seven professors, or nearly $2,500 each. But supposing the classes to reach only 400 per annum. The salaries of the professors would still have been about $1,250; a great increase. This is the sum and substance of the liberality of the movement. It was a purely commercial operation, and cannot be defended against the charge successfully. The very idea of monopolizing medical tuition, was a selfish project, and an imposition on the profession, as well as on other schools. The very organization of the scheme is indebted to selfishness. The commercial principle gave it birth, and no matter to whom is due the credit of having been its accoucheur, mercantile speculation stigmatizes the scheme as one of fraud; conducted on such principles as we usually trace to the broker's shop or the land jobber's exchange. It was a blind to entrap students, to sustain private pay lectures, to increase the sale of books, &c., and not to elevate or dignify the profession. The scheme failed to accomplish all that was hoped for. It is true the classes have been larger, but there is no reason to suppose that they would not have equally increased under the pay system. No medical student desires to impose on a Faculty the necessity of making such sacrifices. Few attend who would not sooner pay the full price, and in many instances students have offered to pay the usual tuition fees; yet, as they could not be accepted, they were compelled to stand the insinuations of enemies of the school that our graduates were the recipients of charity tuition.

It may be said that there are poor meritorious young gentlemen, who would thus be unable to attend the lectures of the school. Not so; such students can always get admission into Eclectic Colleges, money or no money. It has been done over and again, and could be done now. Those who are able should pay for their education; those who are not should be assisted. What salaries should professors receive? That depends somewhat on circumstances; but always enough to supply their actual necessities—as much as any minister may receive in the same city. For certainly the labors of the man of science are quite as laborious as those of the theologian. Now, good Mr. Careful, did it ever occur to you that medical teachers as conscientious men, are necessarily compelled to procure the leading current periodicals, the standard works on their departments, and such new books as may be issued? That they must be constantly on the alert, lest they should miss the recognition of some fact illustrative of theories which they are called on by their positions to elucidate? And, my dear sir, did you never reflect that it required money to form the library, money to pay for periodicals, money to buy new books, which come forth from the press "thick as frogs in Egypt?" Then there is money required to carry on the experiments, money required for board, for clothing, and to defray the excesses, recreations, &c., which are so essential to the well being of a literary man. A medical teacher constantly embarrassed is a man of sorrows. Then you will see that a salary is needed, and I think is often merited. Now, Mr. Careful, you are a shrewd man, and I think a just one, so that I may ask you a question or two in addition to those already propounded. Do you know how much hard labor has to be performed by the medical student before he can be developed into a good teacher? Did you ever think of the personal sacrifices which he makes, how he denies all his social sentiments their natural gratification, hazards his health, stakes his reputation, buries his citizenship, and consumes his life by the light of the midnight lamp, to develop a science in which he has as little or less interest than any other member of society? Think of the bones, muscles, tissues, organs, nerves, arteries, veins, glands, ducts, &c., &c., whose names, positions, functions, &c., he must read from the body as you do your alphabet from a book, and I am persuaded that you will admit that physicians as well as teachers deserve fair salaries.

Do you ask what all this has to do with good teaching? I answer, it has much to do with it, and proper fixed salaries should be first provided by the trustees, before a single lecture is delivered in any college. Neither the profession nor the public demand that teachers should labor for an insignificant consideration. The public health and the purity of science both demand sound teaching, which can be expected only from the best men. The free school system was then a humbug, founded in fraud, in the commercial idea, and ought to be reconsidered. The experiment has failed, and though not sustained by any member of the present faculty, has been left untouched, simply because when the present members accepted positions in the school, they found the gratuitous policy established, and they have left it untouched in order to test it.

Another evil to be remedied is that of charging a diploma fee! This practice is an absurdity, an imposition and a humbug, also founded in the idea of commercial capability. The man who *has* mastered the science is entitled to his degree and certificate, money or no money. It is pretended to be given as an acknowledgement of scientific acquirements and ability, and the very idea of paying for such an acknowledgement is absurd in the extreme, and detractive from its value. Then give diplomas to those who merit them, discard the idea of *price* as one of the best means of making them true honors, of value to the possessor, and certificates of ability before the public. Diplomas thus obtained would carry with them a moral value, that would make them an object, and more persons would seek to prepare themselves for their reception.

What sort of men shall we get for teachers. This is *the* desideratum. Evidently none but the best men; men of large experience, extensive research, and who are devoted to science from motives of benevolence, and for the pleasure derived from scientific investigations. One of the first elements of good teaching is harmony of sentiment. To secure this, appoint none to professorships until the candidate has been thoroughly tested by an examination by both the Faculty and the Board of Trustees. An appointment thus secured would indeed be an honor, and an incentive to rigid scientific teaching. It would give character to the school and value to its honors.

Such a plan would at once elevate the profession, dignify individual members, and promote the public weal. This would be the means of furnishing our colleges with really practical men, disposing of the theoretical monomaniacs who have fastened on to the profession and from which they seem determined not to be severed. Wild and visionary schemers who profess to possess supernatural powers, with unblushing audacity, hang out the sign of a medical college, and gravely proceed to manufacture specimens of the genus sawbones, with as much ease as they pretend to foretell the destinies of the soul, by a confused system of absurd manipulations.

Every student may require different qualifications in a teacher. Some require to have their curiosity awakened; some require a stimulation of their benevolence. Some like a slow, and some a rapid speaker, but there is one thing that all need: practical teaching. That kind of teaching which will present the facts of the science, and the theories only which are both illustrated by, and which illustrate, those facts. Teachers should also be men of general information, for medical science draws its facts from all departments of knowledge.

Ah! Mr. Careful, I am doing just what you say: I am throwing out the idea that there is a vast amount of humbuggery in medical teaching! I assert it most positively, and if you desire to join issue with me I stand prepared to adduce the proof. There are not a few engaged in teaching medicine who do not even know how to practice. Men, sir, who have never pretended to practice: men who could not bear an examination in the green room. Nay, further, there are commercial medical colleges; colleges founded on the idea of commercial. capability; colleges owned by one man who employs his assistant lecturers as merchants employ clerks; both Allopathic and pretended reform schools.

Cincinnati, *Ohio*, *Nov.* 15, 1856.

THE ANCIENT AND THE MODERN MAGICIAN.

An Introductory Lecture delivered before the Class of the Eclectic Medical Institute of Cincinnati, November 10, 1856.

BY PROF. J. MILTON SANDERS.

Gentlemen: Several centuries ago, there lived a class of men, who were said to possess most miraculous power. If we are to give credence to the accounts we have of their knowledge and skill, we must certainly conclude that they were persons of most transcendent abilities. With a wave of their wands they could evoke from their homes in the earth, in the air, or the water, spirits of illimitable and inexhaustible might, who, at the magician's behest, were ready to exercise their powers, either for good or for evil. The records which have descended to us of the exploits of these marvelous men, are voluminous in their details of strange and wondrous achievements, and of the important consequences that accrued therefrom.

In those days it was the popular belief, that the universe was one vast unit, one great organism, the individual parts of which stood in one uninterrupted relation of reciprocal influence. The earth was regarded as a large flat plain, supported somehow in space; while the stars and planets were supposed to revolve around it, and to be subordinate and subservient to it. The planets were supposed, in their revolutions around this great earthly plane, to exercise the greatest influence over the births, lives, and destinies of men. "From all the ends of heaven," said they, "the creative forces radiate toward the earth and determine earthly destinies."* And they resumed thus: "When a man eats a piece of bread, does he not therein consume heaven and earth, and all the heavenly bodies, inasmuch as heaven by its fertilizing rain, the earth by its soil, and the sun by its luminous and heat-giving rays, have all contributed to its production, and all are present in the one substance?†'

It was believed that all the stirring events which transpire on this earth are written in indellible characters in starry records in the heavens, and that all which the stars indicate in the firmament must inevitably transpire on the earth. Certain conjunctions and culminations of certain planets, they asserted, exercised the greatest influence on the lives and destinies of certain individuals, while those erratic nebulæ, the comets, were regarded as the harbingers of plague, famine, war and other evils.

It was the task of the great magicians alluded to, to study carefully the motions of these heavenly bodies, to follow them with assiduous scrutiny, to note their reciprocal motions, and to compare them with the destinies of certain persons to whom these motions related; and thus they drew up a heroscopic record of the future destiny of those individuals.

These magicians were designated by the name of *astrologers*, and it is said that they amassed great fortunes by their art. Volumes are filled with the records of their doings, while we are astonished at the truthfulness of their predictions, *as recorded by themselves*, although some of their cotemporaries appear to doubt the sublime science, and to cast distrust upon the fulfilment of their labors.

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* Roger Bacon. † Paracelsus.

In all the phenomena of organic life—in all the operations of the natural laws—in the irresistible might of the fierce lightning—in the deep reverberations of the thunder—in the terrific fury of the tornado—in the rain and in the hail—these magicians recognized the agency of unseen spirits. In all the operations of the natural forces, they perceived the direct interference of these spirits, and hence the appeals to these powerful beings, and the pretension which these magicians assumed, that they could evoke them from their residences in the earth, air, or water, and by an exercise of their peculiar art, could compel them to any task they desired.

But the greatest of the evil spirits was Plutos himself. With this spirit it was asserted that men could compact away their souls, and many are the terrible records we have of unfortunate mortals who had thus been caught within the toils of this great spirit of evil, but who had escaped the impending doom through the marvelous powers of these great magicians. It is Cæsalpinus who asserts that "demons perceive by the inward mind, without requiring the aid of the bodily senses; but without natural means they can exert no influence on men or animals. Those which are of an evil sort produce bewitchments and all kinds of mischance."

From the cognizance of the intactile and the invisible, these magicians finally fell into that of the more tangible and probable. They deserted the realms of the spiritual, and devoted their attention to the pursuit of a material phantom as little attainable as those they had lately pretended to commune with. They then assumed the name of *alchemists*. It was then asserted by these wonderful magicians, that the primary essentials to earthly happiness, and to terrestrial immortality, were united in one substance which they termed the "*philosopher's stone.*"

We are informed that it was composed of the "*virgin earth*," but the great secret of the preparation of this latter substance is preserved profound and inviolable, and to this day we are kept in ignorance of the preparation of that pure "virgin earth," from which the "philosopher's stone" was prepared. However, the learned Geber gives us a hint of the constituents of that wonderful substance, the philosopher's stone, which we should not allow to pass into oblivion. "There are, as is proved by the facts above narrated," says this great alchemist, "means of producing and transmuting metals. These means consist of three sorts of medicines. Those of the first order are the raw materials or ores, as furnished by nature. Those of the second order are the substances of the first order, after being refined and purified by chemical processes. By the further ennobling and fixing of these, is produced the medicine of the third order. This is the *Great Magisterium*, the *Red Tincture*, the *Great Elixir*, the *Philosopher's stone.*" Here we have a hint of the material of which the philosopher's stone is prepared, although we are not informed by what process the metals are ennobled into the third order. This, however, has to be effected through the wonderful properties of the Adamic or virgin earth. "When we have obtained the virgin earth," says the erudite Isaacus Hollandus, "the preparation of the stone is only a labor fit for women or child's play. From the *materias prima, cruda* or *remota*, the philosopher first obtains the mercury of the adepts, which differs from ordinary quicksilver, and is the quintessence, the first condition of the creation or procreation of all metals. To this is added philosophical gold, and the mixture is left for a long time in an incubatory or brooding furnace, which must have the form of an egg. There is thus attained a black substance, the Raven's Head, or *caput cervi*, which, after long exposure to heat, is converted into a white body. This is the White Swan, or *cygnus albus*. After this has been long and most fiercely heated, it becomes yellow, and finally bright red, and now the great work is consummated."

Here it will be perceived, that the learned Hollandus very nearly lets the secret out. Had this great magician only given us the prescription for the preparation of the philosophical gold, there is no doubt but that we should be enabled to prepare the philosopher's stone, as a mere child's pastime.

By the writings of others we are informed that sulphur is the great ingredient of the baser metals, and that all that is necessary to convert lead into gold, is to free the former entirely of sulphur. The sulphide of iron is of a beautiful gold color, but the reason why it is not gold, they inform us, is because the base substance, sulphur, is mixed with it. If a certain portion of the sulphur is driven off by heat, then, said they, we shall have iron, but if *all* the base sulphur is got rid of, then we have the noble metal, gold.

But mercury was deemed the great principle which imparts the metallic character to all other substances. The more of this great mercurial principle any metal contained, the more noble it was, or the more closely it approximated gold. If, therefore, quicksilver could be refined to perfection, it would then possess the property of converting any of the base metals, with which it came in contact, into pure gold. One part of this great *universale*, according to the authority of Roger Bacon, would convert one million parts of the baser metals into gold. But Raymond Tully asserts that one part of the *great universale* will convert ten billions of lead into pure gold. Basil Valentine, however, says that it will only transmute seventy parts of baser metals into gold, while John Price asserts that it will only transmute from thirty to sixty parts.

It is true that there is some discrepancy in the quantity of base metal which the *great universale* will transmute, according to the great authorities we have quoted; but still, so slight a discrepancy as thirty to ten billions, should not, for a moment, diminish our implicit belief in the production of the *great universale*.

There was a time when Bagdad, Bassora and Damascus, were the centers of the commercial world. At that time, the Arabs were the most active and the most dexterous at accumulating money of any people on the globe. The Arabian Nights Entertainments are proof of this, for these productions are but the dreamings of those who imagene that all earthly felicity is but the offspring of wealth, and that he who holds under subjection the *Genius of the Lamp* (gold), is the happiest of mortals. While, therefore, the old Teutonic legends are rich in their Elves, and Nixes, and Undines, who confer muscular power which no earthly antagonist can withstand; while, therefore, that nation of people dream but of power, or of wine cups which are ever inexhaustible, or of magic tables which can not be bereft of their loaded viands—the Arabian legends, are fruitful only of gold.

It was from these latter people that the alchemists originated, and it was not long before they conveyed their golden dreams to Egypt, whither it took the form of the philosopher's stone.

In Cordova, Seville, Toledo, Salamanca, and Padua, the principal learning of these ages was accumulated, and here flourished these alchemistical dreams which were handed down from Egypt, and which still continued to be veiled under the peculiar symbolical language of that people.

But perhaps you may doubt the word of these philosophical magicians, when they assert that they can transmute the baser or unripe metals into gold. We are gravely informed by Van Helmont, that he had converted, by the use of one-fourth of a grain of a precious powder, eight ounces of lead into gold. And Helvetius assures us that, with a piece of a certain substance the size of a rope seed, he had transmuted six drachms of lead into gold, that stood the test of the Warden of the Mint at the Hague. And Count Von Russ, we are assured, did convert two and a half pounds of quicksilver into gold, in the presence of the Emperor Ferdinand III, in 1637. Also did Ernest Ludwig, by means of *red and white tincture*, transmute lead into gold, of which ducats were made.

We are assured by Semler, that by means of the *universal medicine* which he prepared, he caused gold to grow in a fluid in which this great preparation was poured.

History informs us that Henry IV of England, in several decrees, requested all persons to study well the art of transmuting metals, in order that the debts of the Kingdom might be liquidated. "The clergy," says one of these decrees, "should engage in the search for the Philosopher's stone, for since they can change bread and wine into the body and blood of Christ, they must also succeed in transmuting the baser metals into gold." I think myself that the reasoning of the monarch was certainly more logical than orthodox. The Emperor Rudolph II, and the Elector Paletine Frederick, were great alchemists, and have given us some glowing accounts of their achievements in the converting of the base or unripe metals into gold. Even such men as Francis Bacon, Leibnitz and Spinosa believed in the Philosopher's stone, and in the transmutation of metals, and so indeed did the principal scholars of their day, although not one of them had ever seen it, and but received it as a truth from another.

But I have said enough of the ancient magician. You have no doubt all scanned his pretensions long before this. You have weighed him and found him wanting, as all of you have of course, discarded the idea of the Philosopher's Stone, of the Great Magisterium, and the Grand Catholicon.

It is now time that we should devote a few minutes to the modern magician. We will examine his pretensions; we will cursorily review what he has accomplished, and compare them with those which his compeers of ancient times have done, or pretended to have done. The modern magician is a wonderful man, for the achievements that he has accomplished will vie with the most marvelous ones of the alchemists, and what is worthy of notice, they are all susceptible of proof. Under the name of *chemist*—which the modern magician has now assumed—this individual has accomplished wonders which entirely surpass even the wildest of those said to have been done by the astrologer and alchemist. But while the ancient magician resorted to trickery and chicanery in order to accomplish what he pretends to have done, the modern magician, more earnest and faithful to his mission, has effected his achievements through hard application and inductive experiment. Had the magician of old, amid the bold pretensions he made relative to his wondrous powers, asserted that he could hold a conversation with a friend across the Atlantic ocean, and that, too, through a solid wire, even his credulous readers would have hooted at the absurdity of his pretensions. But this the modern magician will accomplish in the next year; and now, while a man is talking in Congress, his words, as they escape his lips, are transmitted to the furthermost extension of the Mississippi river, and will ere long be as readily and instantaneously transmitted to California and to Europe. But the idea of employing the dreaded thunder-bolt to the purposes of the conveniences of man, would have appeared so fearful, improbable and impious, to the ancient magician, that its bare mention would have seemed like sacrilege. Not so the modern magician, for he is a bolder, a more rash and daring fellow, and cares nothing for the bright flashes and thunders of old Jove's bolts. Already he has thrown upon the fierce thunderer of the clouds the chains of his despotism, and now you may go into the great magician's laboratory, or *sanctum sanctorum*, and there you will find the thunder bolt as humble and submissive as a southern slave, while it is busily at work casting metals into matrices, or precipitating gold and silver and platinum upon the surface of the more oxidizable metals. * Or if you go into the office of one of these magicians, at number 90, Seventh street, you will there find the enslaved thunder bolt silently and submissively at work extracting the mercury from those poor unfortunate persons who once listened to the siren song of Allopathy. Or, which is perhaps still more wonderful, you will there find the thunder-bolt, now deprived of its rampant roaring nature, silently at work curing diseases — aye, actually robbing the system of disease, and in a brief time, converting the feeble valetudinarian into the healthful, robust man of the world. Still that is not all, for one of these magicians has several years since forced the erratic bolt of Jove into such submission that it has consented to transfer the brilliant glare of its zig-zag streamers into a steady light, equal in intensity to that of the sun at mid-day. Another has turned the speed with which the thunder bolt travels the heavens into account — especially when combined with the great heat which it contains — and now the largest vessel can be blown into a thousand pieces, howsoever far off it may be situated from the magician — just by a single touch o his wand. But how is this great power attained? From a little ball of cotton which, by a touch of another magician's wand, has lost its meek property of a passive filament, and has changed into a formidable monster, more to be dreaded than the dragons and gorgons of the ancient magicians. Not satisfied with converting the poor little ball of cotton into a fierce ungovernable monster, another magician has again changed its nature, and now it is the plastic vehicle upon which the sun himself paints our portraits. Yes, the modern magician, not content with converting the thunder bolt into a slave, has actually forced the sun himself into his service, and day after day that great luminary is kept busily at work — by those two wonderful magicians, Hawkins and Faris — painting pictures, both landscapes and portraits, and in doing a variety of work at their behest.

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* By means of the voltaic current we can extract metals from these ores with greater certainty, expedition, and at less expense than by any other method ever discovered. Besides, these metals have the advantage of being absolutely pure. The extraction of the precious metals from the earth and sand is now being done by electricity. The manufacture of the purest and finest steel is now done by the voltaic current. In a word, electricity will soon come into general use in all the industrial arts.

One certainly would think that the busy magician of these modern times, would at least allow the waters of the rivers and ocean to lie at rest, and not disturb their ancient privilege of doing just as they please — of exerting power whenever they pleased, and of lying still as suited their convenience. Not so, however. By the power which lies concealed in the coal, he has converted this water into a body more bulky by nearly two thousand times than it was before. Then it becomes quite impatient of restraint, and its struggles to obtain its freedom exerts such enormous power as nothing can resist. Then by this restless water we propel immense ships over the ocean, and long trains of carriages over the earth at the rate of sixty miles an hour, while the heavy roll of mills, (continued both daily and nightly through the exertions of this unwearied water-spirit to obtain its freedom,) in voices of deep reverberating thunder, restless, tireless and unceasingly, throughout the day and the long-silent night, proclaim the unweared struggles of the agitated and enslaved water-spirit

In the days of the ancient magicians, there were a class of men who transcribed peoples thoughts, and who were paid for that purpose. They were slow producers, and it would have required a host of them, amounting to fifty thousand, working all day, to have produced as much reading matter as one of our printing presses of the present day will do in a single hour. Now the teeming press sends out its ten thousand sheets per hour, and scatters broadcast over the land, with each mail, all that is transpiring of any consequence on the two great continents of the globe.

The ancient magician was noted for his aerial flights (in imagination) through the air, and that stable foundation was the medium in which that respectable individual built a variety of capacious castles, whose solidity was about as tangible as the truthfulness of his visions.

But, while the ancient magician was content to convert the atmosphere into a vehicle wherein he erected his dreamy structure, the modern magician is more real in his desires in regard to that aerial medium. In fact, some of these magicians have actually constructed themselves great silk bags from which they have suspended themselves, and thus have explored the upper regions bodily. Whether Richard Clayton has discovered any of the relics of the ancient castles erected there by the old magicians, is not known, but from his profound silence upon the subject, we infer that he has not.

It is in what would appear small matters, that the modern magician has distinguished himself. While his ancient compeer exerted himself in the attainment of those exploits which would astonish, by their apparent magnitude, the modern magician has devoted himself to the accomplishment of those matters, which, at first thought, appear trifling and worthless, but which, in the end, result in immense consequence.

For instance, the discovery of *chloroform* was scarcely regarded, at the time, as worthy a passing notice, but what is the result? While the patient takes a comfortable sleep, his arm or leg is being amputated, and he awakens to the reality, only to be the more astonished and thankful to the cunning magician who so slyly stole his senses away.

In ancient days, people were such barbarians as to actually believe that putrid cheese, or rancid butter, or the drainings of the cow-stable, were nasty fetid stuff, of no earthly use. Little they dreamed that there lies concealed in those disgusting masses the elements of the most delectable fragrances! Why, sirs, the Queen of Great Britain has her royal palate delectified every day with the flavors made from the most disgusting masses of putrid corruption, and yet Her Majesty little dreams that this sweet imposition upon her palate is the result of the cunning science which the modern magician is cultivating about her daily, that she may be still further imposed upon. Little do you dream, gentlemen, that in the elegant soap which you daily use for your shaving and washing, and for which you pay so high a price, there is at least thirty per cent. of water, which the cunning magician has so artfully secreted there, that its presence is only manifest in the beauty and elegance of the article!

It was but a short time ago, that our streets and houses were first lighted by the invisible gas which lies concealed in the coal stratas of this country. But one of the cunning magicians of modern times discovered the curious gas lurking in the crypts of the dull black coal, and he soon brought it out to the open day (or rather night), and made it discourse most eloquent illumination.

There was, however, a residue left in the production of this gas, which was so exceedingly disgusting, that no person could endure its horrible fetor for a moment. What was to be done with this stuff? Of course, it had to be thrown away, for its disagreeable smell rendered it too offensive to use, even if it were fit for any purpose under the sun.

Then the magician applied his wand to this fetid tar, and he evoked from its disgusting mass, a variety of curious and useful substances. One of these products is termed *naptha*, and is a very useful substance for the purpose of dissolving coutchouc or gum-elastic, also for dissolving the resins for varnishes. *Benzole* is also extracted from this coal tar. This substance is just the thing we have long desired for the purpose of extracting grease, tar, paint, wax and resin, from fabrics, without leaving any mark behind, which might injure the appearance, color, or texture of the fabric. It is now an indispensable article in the extraction of grease from wool before it is dyed; so absolutely indispensable, in fact, that wool-dyers and the extensive carpet manufactories of England and Belgium could scarcely progress without it.

This benzole was now thought to have fulfilled all that it was capable of doing; but another cunning magician applied his wand to it, and lo! it changed into one of the most delightful fragrances we have—that of essence of bitter almonds! Thus, from the disgusting coal tar, a delicious perfume has been extracted, directly from the bosom of noxiousness itself.

Another magician has caused this fetid coal-tar to give us quantities of oils, some of which are light and others heavy. These oils have been applied to the greasing of machinery, and to the preserving of wood against decay.

When coal is properly distilled, the products are burning and lubricating oils, benzole, naptha, paraffine, and an asphaltous residue. The coke which is left is likewise used as a fuel, and serves the purpose of producing more of the above materials, being amply sufficient for that purpose. Every ton of coal will produce 90 gallons of the crude, and 70 gallons of refined oil.

The refined oil is used for purposes of illumination; and for cheapness, freedom from danger, and for the brilliancy of its light, it surpasses all other kinds of oils, while it does not cost the half of sperm oil. The crude oil has been thoroughly tested upon machinery, and its lubricating qualities are unparallelled, while it will not cost one-half so much as the common oils heretofore used for that purpose. The benzole is used for the manufacture of gas, in portable gas machines. The naptha is used for various purposes, among which is its great property of dissolving gutta percha and India-rubber. The paraffine resembles the finest wax, and is invaluable for candles and for the dressing of the face of leather, by which it rivals the finest quality of French calf-skin. The amount of this substance obtained from 100 tons of coal, is from 2,000 to 2,500 pounds.

But let us, before concluding these remarks upon the products of coal, say a few words upon these late discoveries as a means of national wealth, by taking a comparative review of this source of wealth, in connection with that of our whaling fleet. In the year 1855, there were engaged in our whale fishing 635 vessels, with an aggregate of about 200,000 tons, employing about 15,000 persons, and with an investment of $10,000,000 capital. The product of the fishery, with these men and this capital, amounted to 72,649 barrels of sperm oil, and 184,015 barrels right whale oil. The average time consumed in the accumulation of this wealth, was 62 months for the sperm whales, and 30 months for the right whales, making a general average of 36 months. The sperm oil brought, on the average, $1.772 per gallon, and the whale oil $0.713. At these prices the aggregate sold of the entire product realized $10,500,000.

The product acquired from coal, in the oil mentioned above, with 30 men, amounts to 675,000 gallons annually. Now, if the same number of men, with the same amount of capital expended by our whale fleets, were put at work in the production of oils from coal, they would produce, in twelve months, the sum of $275,000,000, instead of $10,500,000, making a difference in favor of the coal oil of $264,500,000.

The article produced would be superior to the whale oils, while the calculation is based alone upon the quantities now acquired, with the present expenses, as incurred upon our rude machinery. When the retorts shall have been improved, and the yield consequently greater, the result will add greatly in the favor of the coal oil. I only give you these calculations, based upon the safest premises, to give you an idea of what the wand of the modern magician will soon be about. I tell you, gentlemen, that our immense coal-beds contain, locked up in their coffers, wealth which is literally beyond calculation—wealth which is destined to render this nation more powerful and potent among the nations of the earth, than was over Rome in the days of her loftiest grandeur.

Then another magician, equally as cunning as the others, has withdrawn from this fetid coal-tar, a substance called *carbolic acid.* This singular substance possesses the property of preserving all animal substances, with which it comes in contact, from decay. But this is not all of the singular properties it may be made to possess. By a change in its constitution, by which it is converted into *carbozotic acid*, we have a most valuable dye-stuff, that colors permanently all fabrics which it comes into contact with, of a beautiful orange or straw color, the brilliancy of which cannot be equaled by any other dye of similar hue known. By another change, splendid greens are produced. These colors do not fade, they are more vivid than any others yet known, and they leave no tarry or oily stain that would impart a disagreeable smell to the fabric, although they are really drawn from the very bosom of all that is oily and noxious.

There was another magician who, not content with all that had been done with this carbolic acid, touched it with his wand, when it was transferred into a very bitter substance, which possesses properties of a febrifuge nature, equal to those of quinine.* This has been verified by its administration in a number of cases of fever.

Now, it is known that extracts made from tanning matters cannot be kept any length of time, on account of the tanning principle which they contain becoming decomposed by a process of fermentation, into sugar and gallic acid. This latter acid has no dyeing properties, but, on the contrary, it has a tendency to remove the mordants which are employed to fix the colors in the cloth. A small quantity of this carbolic acid added to the extracts used for dyeing, therefore, prevents all the changes referred to above.

Another very cunning magician has touched this fetid gas tar with his wand, and he has evoked therefrom a heavy oil, termed *kyanol* or *aniline*. This curious substance generates, with bleaching powder and other agents, a magnificent blue color. This substance is not dissimilar to the blue coloring matter of indigo, and thus this magician has withdrawn from this noxious tar, the beautiful and costly coloring substance of indigo.†

Another magician has not rested contented with the achievements of his brother, but, with another touch of the magic wand, has produced the bright, magnificent red of madder (called *alizaric acid*) from this black, fetid coal-tar.‡

Another magician, determined not to be outdone by his brothers, then touched the dark coal mass with his wand, and there came from it a substance called *paraffine*, with which the best of candles are made. These candles are remarkable for their transparency and beauty, and for the brilliancy and pureness of their flame.

Really, gentlemen, it appears that these busy magicians will never get through with their task of torturing this dirty coal-tar; for it appears that, amid its noxious and disgusting mass, they have discovered a mine of wealth more valuable to the world than all the diamonds of Golconda. Yet they are not through. I predict here upon this stand, that they will not finish until they shall have prepared quinine, morphine, strychnine, and others of the natural alkaloids; and that, by the aid of that rich hydro-carbon, benzole, they will yet render the *atmospheric air* as brilliant a gas, to burn and illuminate, as is the coal gas now being used for these purposes. I predict that they will convert the dull charcoal and graphite into the pure, sparkling diamond; that they will burn water to produce heat, and use it to evoke light. But do not let us anticipate too sanguinely, but rather review what they have already accomplished.

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* A new base has lately been discovered, termed FURFURINE. This substance is produced from bran, and approaches so closely in its composition to quinine, possessing likewise the intense bitterness of that salt, that it has been used in fever and ague with the happiest results. The composition of furfurine is C_{30}, H_{12}, N_2, O_6. With nitric acid nitrate of furfurine is formed. It is this latter salt which has proved the most efficient in fevers.

† When orcine is mixed with ammonia, and exposed to the air, it soon acquires a deep crimson color, being changed into the nitrogenized dye-stuff, ORCINE. This substance is soluble in fixed alkalies, with a deep, rich violet color, and in ammonia with a fine blood-red color. Orcine is composed of C_{16}, H_{11}, O_7; or C_{16}, H_8, O_4, plus $3HO$. These hydrated crystals, with the addition of 5 equivalents of oxygen and 1 of ammonia, yield orcine and water: C_{16}, H_{11}, O_7 plus O_5 plus NH_3, hydrated orcine, equal C_{16}, NH_2, O_7 plus $5HO$, orcine.

‡ Williams has lately obtained from an oil made from shale, a substance which he calls VERTIDINE, which strikes a beautiful emerald green with bleaching liquor. He has also produced, from this shale oil, another substance, CARMIDINE, which, with hydrochloric acid, produces a magnificent carmine red. Thus we are producing from shale the most beautiful colors, equally with those from coal-tar. When the rocks of slaty structure are being converted into the most brilliant dye-stuffs and oils, what shall we anticipate next?

These magicians have at length got a peep into the secret laboratory of Nature, and there they found that subtle magician at work, weaving into things of fragrance and delicious flavor, the dull elements at her command. The magician stared with his eyes wide open, you may be sure, and well he might, for there, directly before him, Nature, the greatest magician of all, was at work preparing some flavor for the pine-apple and the canteluope. And then the acute magician went directly to his laboratory, and by certain subtle processes he prepared the *butyrate of the oxide of ethyle;* and then he exulted long and gleefully, for he had caught Nature at her handiwork, and he could now make just as delicious a flavor of the pine-apple and melon as she. But while Nature, ever sparing of her stores, only furnishes us these delightful flavors in the smallest quantities, the magician learned that he could supply his fellow men with them in any quantity, at a very cheap rate.

Emboldened by this peep into Nature's laboratory, the magician could not rest satisfied until he had tried the powers of his wonderful wand still further. Not contented with producing the delectable flavor of the pine-apple and the melon, he strove for that of the strawberry and the plum. And he discovered that Nature had cunningly secreted this flavor in the *rutylate of the oxide of ethyl;* while the *caprorate of the oxide of methyl* contained the delightful flavor and fragrance of the banana and other southern fruits.

Then he strove for the apple, the peach, and the raspberry, and he found their delicious fragrance and flavor in the *valeriate of the oxide of amyle.* And again, he found the flavor of the pear in the *acetate of the oxide of amyl.* He also discovered some of the other secrets of nature: for instance, that the flavor of wine lies in the *polargonate of the oxide of ethyl;* that peppermint is flavored with the *neutral sulphate of the oxide of ethyle;* that cinnamon is flavored with the *perchlorate of the oxide of ethyl;* while spices owe their rich flavor and fragrance to the *benzoate of the oxide of ethyl,* and the winter-green plant to the *salicylate of the oxide of methyl.*[*]

In a word, the cunning magician found out Nature's whole secret, and he is now actually surpassing Nature at her own work.

But, not content with thus robbing Nature of her great secret of preparing the flavors and fragrances, the magician has stolen her secret of preparing, also, her medicines and her poisons. He has prepared her prussic acid and oxalic acid, and other substances, and he will soon prepare, likewise, her aconitine, strychnine, and brucine.

Ay, gentlemen, Nature is much more communicative than we, at one time, supposed. We have only to approach her in the right manner, and she will answer any proper question that we may put to her. And rest assured that she will never speak falsely, but if the question is properly put, it will be rightfully answered.

A most wonderful magician is he of modern times! Why, sirs, all that has been written of the marvelous powers of the ancient magician, were but mere child's play, compared with the exploits of the modern one. To him Nature has communicated her most valuable secrets. She has taught him the secrets which have so long lain hidden in the human system—those which implicate the processes of life and health, of decay and death. She has revealed to him the processs of the growth of the animal and the vegetable organism; the transformations going on continually within the living body, by which life is preserved, and health sustained. She has revealed to him, in a word, some of the most hidden of her secrets; and she did this because she was aware that he had now arrived at that stage of mental advancement, where he could not only comprehend the processes themselves, but comprehend, through them, the wondrous prescience and beneficence of the Creator, as developed in the operations of their forces.

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[*] The latest discovery in organic chemistry, in this path, has resulted in that of a very complicated alkaloid, named AMYLOPHENYLAMINE, with the formula of (N H Ayl Ph.) This substance is strongly fragrant of roses.

It is ascertained that the true flavor of the pine-apple can only be obtained by a proper admixture of the acetic and butyric ethers.

Still later investigations have resulted in the discovery of the laurostearic acid, whose combination with the oxide of ethyle forms a delightful fragrance. The cocinate of oxide of ethyle possesses a most luxuriant flavor of apples. The myristate of oxide of ethyle possesses the fine fragrance of the nutmeg. In fact, this whole series of ether-salts is possessed of the most varied and delightful fragrances. The adipate o oxide of ethyle has a strong fragrance of the Rennet apple; while the sebate of oxide of ethyle is delightfully fragrant of pine-apple.

A most wonderful being is the modern magician, for he is destined to reveal still greater secrets, which will redound to the benefit of unborn millions; which will render modern nations far greater, and wealthier, and happier, than was ever known before, and which will approximate man nearer to divinity than it was possible to conceive, only a few centuries prior to this.

Gentlemen, in conclusion I would state, that one of these modern magicians stands before you. True, an humble and unpretending one, yet still one who has devoted a lifetime to the acquisition of those few facts he is about to communicate to you. This magician intends, with your unremitting assistance, to convert each one of you into a magician, likewise; to convey to you that wonderful wand, the wave of which will transform the darkest masses of corruption and fetor into the most delightful flavors and fragrances; which will convert the dark, unsightly mass of matter into the brilliance of the rainbow; which will convert disease into health, and even death and putridity itself into life, and which will weave from insentient matter, a thousand things of beauty and of fragrance.

Therefore, gentlemen, I trust that you will give me all your attention; that you will extend to me all your kindness during this long and arduous course of lectures; and although I may not be enabled to impart to you the knowledge said to have been possessed by the *ancient magician*, still I shall communicate to you a large portion of that accumulated by him I have designated the MODERN MAGICIAN.

LANGUAGE OF THE HUMAN BODY.*

BY PROF. R. S. NEWTON, M.D.

The human body is a book from which we may read lessons of living truth. Its bones, muscles, tissues and nerves, have impressed on them the unmistakable history of man; and though the characters are written in curious symbols, their true meaning may be elicited by patient study and correct observation. When Mr. Rawlinson undertook to read the Assyrian tablets, he had first to learn the value of the cuniform signs in which their legends were composed. By diligent study he finally succeeded, and when we declare that the language symbols of the human body are less obscure than those Assyrian characters, it must appear strange that no Rawlinson should have appeared in the field of physiology, to read the symbols of the human body, prior to the venerable gentleman, whose recent work on the human temperaments is to be the theme of this paper.

The necromancers and astrologists have read our destinies in signs, in stars, and in our hands, and while we have been compelled to admit the frequent justness of their observations, we have denounced such practices as the relics of ancient superstition. We have never for a moment inquired whether the configuration of the body, or its parts, might not indicate very much of the predictions of the astrologist. An astrologist who would tell us the religion of our grandsires, and granddames, the color of their hair and eyes, and the probable age which they attained, might, if his predictions were true, justly excite in us no little surprise. The gipsies have done more than this—they lift the veil of futurity, and point out the destiny which fate has in store for us; and strange to say, while men do not generally admit their correctnes, they tremble at a caution from one of that peregrinating class of symbol readers. The gipsies pretend not to be able to tell the basis of their opinions, but as they do often tell the truth, and pry into events, which we thought were known alone to ourselves, it seems but reasonable to infer, that like the astrologers, palmists, &c., they have, to a limited extent, learned to read the symbols impressed on the human body. Be this true or not, it is certain that all men do recognize certain characteristics in the face, and upon the symbols there written, found opinions which are not only satisfactory, but often quite correct. Physiognomy, as a science, does exist, no matter what we may say to the contrary; and though we may not be conversant with the signs written on the face—though we may not at present fully understand the science of physiognomy—that is no reason why it never should be known. Again, if it be a science, as we think it is, there is a physiological basis to it, and if so, there seems to be no reason why the same physiological laws which govern the language of the face, should not extend to other parts of the body. Physiologically there is clearly a *relation of proportion* between all parts of the body, and we have only to learn these proportions, to form very correct estimates as to the anatomical characteristics of other parts in relation to such examined part; *e. g.*, the arm and foot are of the same length. There may be an occasional deviation, but in a thousand cases we shall find the relation to hold good. This arm or foot is twice the length of other organs, or half, or two thirds the length. The arm in circumference, and the calf, are in relation; the wrist and the ankle; the upper arm and the thigh; the fingers and toes. The whole organism, in fact, is in relation to itself, so that the hand, the arm, the nose, the neck, the lips, the eyes, the hair, may often be the means of revealing the anatomical characteristics of other parts. The lady who hides a large foot, fails to recognize its index in a large hand, &c. These reflections might be systematized to a very great extent, but this is not the place to enter into a consideration of such a subject. The above hints refer to shape and size, not to function. By a study of the language of organs, we arrive at a higher class of knowledge, and to this some attention has been paid, but not enough, in our humble opinion. Inquiries thus far have been confined to a knowledge of the functional language of the intellectual organs. Gall and the disciples of his system of phrenology, have most clearly established that the brain is the organ of the mind, but they have not determined the exact share which the nervous ganglia take in the mental processes. They have not explained how it is that the nervous fibres not only transmit impressions, but store them up for future reference, constituting what is spoken of as memory—of which there seems to be various kinds. The results of phreno-physiological researches, are truly encouraging, and as soon as phrenologists shall learn that physiology is the basis of their science—that every fact has a physiological explanation, we think that craniology will assume a much more dignified standard than it has heretofore attained. Treated on general principles, the deductions which result cannot fail to interest all classes of society. But when it is spun out into all the ramifications of a morbid imagination, it becomes simply ridiculous.

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* The Natural History of the Human Temperaments, their laws in relation to marriage, and the fatal consequences of their violation to progeny, with the indications of vigorous life and longevity, followed by a fugitive essay on the protection of society against crime, by W. Byrd Powell, M.D., &c., Cincinnati; H. W. Derby & Co., 1856—p. 246.

One of the great base conditions to the science is the doctrine of the temperaments.

As the law of the temperaments shall be demonstrated, so will the incompatibilities of the phrenological system disappear, and the value thereof as a branch of physiology be admitted. The doctrine of the temperaments, on which phrenologists have built their science, was not only imperfect, but was insufficient to explain the phenomena which were attributed to it. More than this, very few, even among the best physiological phrenologists, pretended to underderstand the nature of the temperaments. They did not show whether peculiar organizations arose from peculiar temperaments, or whether peculiar temperaments arose from peculiar organizations. There was no attempt to show the results of the combinations of the temperaments, and hence the older phrenologists were often led into the most ridiculous blunders, a fact evident enough to all who have anything like an intimate knowledge with the science.

To establish the laws governing the temperaments, extensive observation under a variety of circumstances was necessary, and before a rule could be established, there was required a vast number of facts all converging to the same point. For such a task, no man was more eminently prepared than Prof. Powell, whose high scientific attainments enabled him to distinguish a *real* fact from an *apparent* one. Receiving his first lesson in the subject from the late Prof. C. Caldwell, of Kentucky, he may be regarded as the cotemporary of Gall, Spurzheim, and Combe. For many years he was an extensive experimenter in this department of science, and during his peregrinations, visited many of our native tribes in order to collect national crania, and to test, by every means, the doctrines in which he had taken so much interest. He tells us in his recent work that he soon found himself in an open sea without chart or compass. The true character of some of the organs were unknown, the influence of the temperaments, as then understood, led him into the greatest mistakes, and to see where the error was, he determined to go out in society and examine for himself, hoping to find an explanation to the frequent mistakes into which he was led. With a high sense of honor he admitted all that had been demonstrated by his predecessors, but in disputing some of the positions taken by his venerable preceptor, Prof. Caldwell, of the Transylvania University, of which the doctor is himself a graduate, he offended the self-esteem of the learned professor, who never forgave him for the presumption.

That Prof. Powell enjoyed rare opportunities in developing the science, none who are acquainted with history can deny.—That he would hesitate to expose any of its errors, none who know him will contend. That he was abundantly qualified to prune the science of the mysticism in which charlatans had clothed it, all will admit. For more than a quarter of a century, he has been a diligent student in this department, during which time he has given more than ordinary attention to the character of the temperaments.

As anatomy is the basis of surgery, so the temperaments constitute the basis of phrenology. Founding the discoveries of the older phrenologists upon a scientific arrangement of the temperaments, it is not to be wondered that he should have attained such eminence in phrenology. Unlike the ordinary "bump feelers," Prof. Powell took large and philosophical views of the science, and hence society is deeply indebted to him. While occupying a seat in the University of Louisiana, he attained much distinction as a philosopher, which was the basis of a visit of his old preceptor, Prof. Caldwell, to New Orleans—the end being to learn the truth of the reports which had reached him in his inland home. Soon after, the aged professor attacked our author through the pages of the Phrenological Journal and Miscellany, published in Philadelphia. The article called out a rejoinder from Prof. Powell, and an answer from Prof. Caldwell—but as the latter gentleman found himself hemmed in and reduced to the alternative of either acknowledging a defeat, or to receive a scientific chastising, he visited Philadelphia, purchased an interest in the Journal, and thus ruled Prof.

Powell's reply out. The reply, which constitutes a large part of the introduction before us, is certainly one of the finest productions that has ever emanated from an American pen. We do not wonder that Prof. Caldwell should have desired to avoid issue on it. But we must speak more particularly of the work now before us.

The work is characteristic of the author—terse and lucid. To illustrate the temperaments and their combinations, there is introduced a large amount of biographical matter. The illustrations are many and of well known persons. It would not be justifiable were we to neglect to state that this volume was prepared more than twelve months ago, and that before it went to press, the author was attacked by paralysis of the entire left side, and that while lying quite helpless, some one accidentally burned the manuscript, or a greater part of it, so that in literary composition, it does not do its author justice. The facts are, however, clearly presented; its arguments are clear; and its deductions philosophical. The doctrines here advanced in relation to conjugal existence, and on the protection of society against crime, are worthy the calm consideration of every intelligent man.

The doctrine of the temperaments, as here presented, furnishes a basis for future inquiries, and a foundation for a correct system of phrenology. Prof. Powell is not a theorizer, who manufactures a vast number of speculative fancies from a single fact, but he is a patient investigator, who endeavors to establish a theory from a great number of facts. The work should go into the hands of all who wish to understand the various combinations of the temperaments. Messrs. Derby & Co. have gotten the work up in good style, and from their well known penetration and judicious taste in publishing, the profession may rest assured that the work is one of rare merit. We believe that it sells for $1.50. It is now ready, and may be ordered from the publishers, or of J. G. Henshall, 89 West Seventh street, Cincinnati.

Cincinnati, December, 1856.

NASAL POLYPI—THEIR PATHOLOGY, DIAGNOSIS, PROGNOSIS, AND TREATMENT.

BY PROF. R. S. NEWTON, M. D.

Experience has convinced me that the study of the tumors occasionally found in the nasal cavities, and of which there are a great variety, has been too much neglected by surgeons. As I conceive it to be the duty of every surgeon to freely express his opinions to the profession, I propose in this paper to discuss the subject of nasal polypi. There are many kinds of tumors met with in the nose, some of which ought not to be included under the title polypus; yet, no doubt, many of these imperfectly developed polypi, degenerate into true polypi, and others again of the cancroid kind, have originated from ordinary polypus, or same of its varieties. There have been a variety of divisions of nasal polypi, yet none seem to be perfectly satisfactory. It will serve the purposes of surgery to regard them either as simple mucous, fibrous, or cancerous. Of each of these kinds there are many varieties. The mucous tissue of the nasal cavity, like that of the uterus, is studded with small glands, and as both those cavities are exceedingly subject to polypus, it is fair to infer that they generally originate from some diseased condition of those glands. What that exact condition of disease is, would be difficult to determine, as we have no means of examining the mucous surfaces of the nasal fossa and the uterus before disease has brought the patient to our hands. Examination then instituted, can lead to no important conclusions, for the parts are already in an advanced pathological condition. It is a well known fact, that while the mucous membranes, are a continuous structure, it differs very materially in different localities, and this circumstance explains the fact that tumors arising from it, in different localities, also differ very much in character. M. Nelaton has recognized this fact, and has pointed out the circumstance that both the membranes of the nasal fossa and the uterus are subject to hemorrhagic disease—indeed both are subject to hemorrhages which are not regarded as being of a diseased character.

The membranes of the nasal fossa are subject to quite a number of diseased conditions, which are not true polypi. There may be a mere thickening of the parts, there may be open ulcer, there may be intense inflammation; but the diseases common to that locality are mostly of the polypous character. Wherever we detect a single polypus of the cavity, we shall find upon examination that it springs (if of the simple mucous kind) from the mucous membrane, and will soon be followed by similar growths. Very often we notice, in post mortem examinations, a great number of minute polypi, when only one is developed to any considerable size. They are not confined to any particular period of life, but are most common in the middle period. We often observe a defect in the voice, some persons articulating particular sounds with great indistinctness. Upon close inspection we shall find the tissues of the nasal fossa to be affected with polypous disease, though there may be only a thickening of the tissues. Mucous polypi usually grow rapidly until the cavity is filled up, when they remain stationary, rarely causing any material deformity, as is the case with the enlarged fibrous tumor.—They not unfrequently entirely destroy the powers of olfaction, and in some instances also the function of audition. The taste, too, is always dull in persons thus affected. We are not, however, to infer that a loss of those senses presupposes, of necessity, the existence of polypus. It is further to be remarked, as Mr. Syme intimates, that these symptoms are aggravated to a considerable extent in damp weather. In children the polypus generally grows from the lining membrane of the inferior spongy bone. Upon examination such polypi are found to be composed mainly of greyish vesicles enclosed in a soft cellular tissue. Malgaigne tells us that these polypi usually spring from the superior and middle spongy bones, near the maxillary sinus. My experience has shown that they may spring from the mucous membrane of any part of the cavity, unless we except the middle septum of the nasal fossa.

Before any remedial means are adopted, we should be sure that what we are regarding as a mere mucous polypus is not, in reality, only a thickening, or tumefaction of the mucous membrane. This, in children, is very apt to be the case. Extorsion may relieve for the time, but the polypus will return, and the only effectual remedy is a general alterative and tonic course of medicines, and, after mild cauterization of the parts, the application of such tonic astringents as will give tone and vigor to the membrane thus affected. There is but little doubt in my mind, that all forms of polypus of the nose, are mere degenerations from the simple mucous polypus. Different surgeons have adopted different plans both for extorting and for excising nasal polypi, almost any of which are usually quite successful, and the local application of proper caustics and tonic astringents, is considered by me to be of more importance than the mere removal of the developed polypus, since it should be our object to prevent, if possible, their recurrence, which would thus subject the patient to renewed operations. For purposes of cauterization, some of the forms of zinc are preferable. Either the sulphate or chloride answers well.

The fibrous and cancroid varieties should be considered as varieties of one and the same tumor, as there is but little doubt that the latter is merely a degeneration of the former. It may rise from any part of the cavity, but springs generally from the submucous tissue, and sends its roots in all directions, especially into the natural cavities. In its fibrous state it is very solid, and tough, indeed, as has been remarked, its strength may be nearly equal to tendon; hence the difficulty of removing it by torsion. Patients thus affected are generally the victims of much unnecessary pain, in the hands of men who regard all polypi as mere fungi to be easily removed with the forceps. When in the true fibrous state, these polypi are usually well supplied with blood vessels, and hence excision is often attended with profuse hemorrhage. Fibrous polypi often attain a large size, and speedily prove fatal unless prevented by an operation. They create great deformity, separating bones, breaking down structures, displacing the eye, and committing great ravages generally. They may produce dissolution by hemorrhage, by pressure on the brain, or by suffocation, as they not unfrequently descend into the pharynx and fill up the orifice.

Young persons of the male sex are most liable to this form of disease, it being rarely met with after forty-five years have been attained. Indeed, in the extensive experience which I have had, I have not met with a single case in a patient over forty. Nothing short of an operation can effect a radical cure, and even this is not always successful. There may be present an incipient cancroid condition, which, if not promptly met, will soon develop into open cancer. Hence I deem it proper for the surgeon to constantly bear in mind the great liability of this tumor to degenerate into the cancroid variety. He will thus treat it rationally; he will vary his plan as the indications are more or less perfect of such a cancroid tendency, and indeed it would be well to regard such a condition to be present in all cases of true fibrous polypus. I proceed to a case which illustrates the treatment of both the fibrous and the cancerous stages of nasal polypi, premising that I regard the case as one worthy of record.

In 1855, C., aged about thirty years, presented himself at Newton's clinic for treatment of a cancerous humor of the nasal fossæ. In appearance, this man had the cancerous diathesis, though his general health was not materially affected by the local disease under which he was then laboring. He stated that its ravages were beginning to affect his general health, though not so much as to attract particular attention. The left eye was considerably protruded, the nostril of the left side was not only completely filled, as was the right, but very much enlarged. The voice was exceedingly defective, and there was escaping an intolerable odor which had recently began to keep the patient nauseated. Upon examination it was found that the entire cavity was filled with a cancroid polypus, which had filled the entire surrounding space, and displaced the soft palate, absorbed the greater part of the bony roof, which it had broken down, leaving the tumor suspended into the mouth, and resting on the tongue, making it impossible for the patient to breathe unless the mouth was opened, and very difficult to introduce his food. Upon close inspection it was found to be attached to the basilar processes underlying the skull, with roots diverging into all the cavities, deeply seated in the submucous tissues, and in many places adhering to the bony surface of the basilar processes. The posterior part of the tumor was, no doubt, attached to the vertebral column, though of this there is some doubt in my mind, notwithstanding that those parts were eventually reached. I am disposed to think that attachment to this point is not usually extensive, and from the clasping nature of the base of these tumors we are liable to be mistaken as to the true points of origination. A prolongation of the tumor had entered the cranium and compressed the optic nerve, thus destroying the impressibility of the iris to the influence of light. Whether the entrance had been effected at more than one point cannot be stated. Another prolongation had found its way into the zygomatic fassa through the ganglion of Meckel; in fact, it had penetrated every opening in the vicinity. The patient had the hemorrhagic diathesis, bleeding profusely on slight wounds being sustained, so that I deemed the ligature preferable to the knife for extirpation. This was passed up through the nostril with the spring canula, around the posterior base of the polypus, and out again at the nasal orifice. By close attention for a couple of weeks the tumor was so nearly removed that it was excised, and the chloride of zinc and hydrastin, mixed to the consistence of paste applied. The patient now found himself able to breathe freely, and being relieved from the disagreeable odor, he was generally more comfortable. I should have operated by removing the superior maxillary bone, preserving the membranes, as far as possible; but the disease had made such frightful progress that the roof of the mouth was destroyed, membranes included, to a considerable extent, so that there was no necessity for enlarging the orifice. Upon removal, the tumor exhibited both the fibrous and encephaloidal cancerous peculiarities, large portions being decidedly of a medulary character. The discharging purulent matter was insufferably fetid, and irritating to the healthy parts with which it came in contact. The treatment was long and tedious, requiring patience in both the surgeon and patient. Several months' constant attention, however, enabled me to destroy every vestige of the tumor. The periosteum and the Schneiderian membrane were both too much destroyed to allow me to entertain hopes of the regeneration of the bony roof, but at the end of eight months, the cavity was covered over, the voice improved, and the parts looking sound. The eye regained its function and receded into its normal position, and the patient was finally discharged cured. Up to the present time his health remains good, and there is no doubt but that the disease is radically cured. The surgeon will find that great care in the application of his caustics will be requisite; injudiciously applied, it may produce fatal consequences, and I beg also to caution the inexperienced operator against the danger of hemorrhage. To this circumstance of a disposition to excessive hemorrhage may be added the liability of the patient to sink under the operation, unless the system has been previously toned up for the reverted secretion which must occur after the removal of the tumor.

A variety of tumors of the nasal fossa and the surrounding parts may degenerate into cancer; but I am convinced that those of a polypous kind are more liable to such degeneration. It may be laid down as a rule, then, that nasal polypi should be removed as soon as possible, no matter what may be their character, as delay may be fatal, or may subject the patient to a dangerous operation, when a simple one would have been all sufficient in the outset.

IS IT TRUE?

BY PROF. G. W. L. BICKLEY, M. D.

Is it true that of every three Physicians two are atheists? Such is a charge against the medical profession, and I propose to inquire into the subject, as much for the honor of my profession as in justice to science. In the outset I declare that it is not a fact, and if it were it does not follow of a necessity. I do not believe it to be a fact, because medical science has dissipated skepticism in my own mind, and if it has exerted that influence on me it may exert it on others, and I am authorized to so conclude. I do not believe the assertion to be correct, because every department of my mental constitution revolts at such an idea as the necessary result of atheism. I do not believe it because I have found as few atheists in the medical profession as in any other department of learning. I do not believe it, because the most learned in our profession are the most pious. I do not believe it, because I think the facts of physiology demonstrate both the existence of a soul and of an intelligent God. Metaphysical logicians have searched thoughout the whole circle of the sciences for arguments to sustain a warfare on the revelations of the Bible, and they have sometimes been apparently favored by imperfect conclusions, based on incorrect data. It is not unusual for us to get erroneous impressions from an imperfect recognition of the data, from which we reason. The ignorant mind is impressed with the belief that the earth is a stationary body, around which the sun, moon and stars move. An intimate knowledge of the facts on which the science of Astronomy is founded show the reverse of this to be true, and explains how the arguments of the ignorant mind were just and natural to that mind. So the ordinary observer who sees two men dissecting the bodies of a horse and a man respectively, and judging merely from the inanimate state of each and the rapid decay common to both, might rationally conclude that they had a common end, and that the chemical construction of the bodies alike completed their perfect annihilation. But the facts of physiology show them to be different beings, endowed with different functions, and existing in some particulars under different laws.

That revalation which is first to be disproven before atheism can be established, can only be fully comprehended by intelligent man, and the higher the intelligence the more perfect will be that comprehension. The great atheistical advocates have not been well versed in physiology, and generally not in any department of natural science. They have demanded evidences which would involve a total suspension of the invariable laws by which all nations are governed. When the evidence of the senses, such as seeing and hearing, have been offered, they have excused themselves from admitting the conclusions, by supposing them to have been illusions. They have failed to recognize that all forms and functions are in perpetual mutation, while the laws which govern those changes are as fixed as eternity itself. They have admitted the existence of laws overruling the varied operations of nature, but they have failed to account for the origination of those laws. In short, the doctrines of atheism will not bear the penetrating touch of science.

The logical inferences of adaptation must be admitted. The food must be digested, and adapted to this function; there is a special apparatus; and the existence of one necessarily pre-supposes the other. Men hope: there must be an object to be hoped for, and the faculty being recognized, there must, of necessity, be an apparatus adapted to the function. It is admitted that there is a faculty of veneration —a faculty constantly directing the reason and sentiments to an overruling spirit, and as man-worship will not appease the function, there is no unfairness in asserting that there is a God to be worshipped. This, and similar arguments, good in their way, have been introduced time and again by those special physiologists, viz: phrenologists.

Did the Bible assert that God was a visible form, then we might demand a sight of him. Did it assert that he was a physical being, then we might demand the tests of touch; but the Bible tells us in unequivocal language that he is a spirit, which we understand to mean an invisibility. If, now, we turn our attention to the facts of physiology, (which evidently can alone explain the relation of mind to all other matter and the essential character of that mind and its *modus operandi*) we shall find that anatomy and physiology present very positive proof of the existence of a soul.

We know that a nervous arc composed of cell matter has, as its component parts, a vesicle and two kinds of nerve fibers, which are designated as centripetal and centrifugal, the first of which may have, at its outward end, cellular matter. This peculiar mechanism is thus prepared to, and does, receive impressions, which, by means of the adjacent ganglia, create motions, a part being retained for a longer or shorter time—in all probability, as long as the vesicular matter of the ganglion exists. The arc of this mechanism is a mere registering apparatus, having the ability to retain impressions, and, under the influence of such impressions, to generate motions, but not to generate them of its own intrinsic power; it requires the influence of an external force to be transmitted by the centripetal fibre.

Such an impression must be the one adapted to the particular apparatus, or no such thing as motion can arise. For instance, impressions which would affect the optic apparatus do not affect the auditory, and *vice versa*. These facts are recognized in the sciences of optics and accoustics, and are as true as gravitation. From the well known properties of light we easily acquire a knowledge of the functions of the eye in all its parts. Problems involving the functions of the brain and nervous system are capable of both direct and inverse solution ; *e. g.*, knowing the properties of light, what are the functions of the eye? or. reverse the statement, knowing the functions of the eye, what are the properties of light?

This mode of inverse solution has been tested with the happiest results. The solid contents of a planet being known, what are the perturbations which it can cause to another planet? The inverse of this problem has led to the recent discoveries of the new planets which have been registered, viz: knowing the perturbations, what is the mass and position of the planet? Now, knowing the structure of the cerebrum, what agent sets it in motion? We know that the cerebrum is but a nervous arc, positively analogous in every respect. The arc of the optic apparatus does not act except under the influence of light; the auditory does not act unless by the impressions of sound; and the cerebrum does not act except it has its proper impression by some agent as external to the body as light and sound. That external agent is the soul, under any solution that can be offered for the problem.

In short, no matter whether we examine this subject in a purely metaphysical or in a comparative mode, the conclusions warrant us in denying the truthfulness of the assertion that where there are three physicians there are two atheists. It is an old saw, that "a little knowledge is a dangerous thing," and I beg to remark that in this direction it is true. An imperfect knowledge of physiology may lead into great errors on this subject; so of any of the departments of natural science. I imagine that even those who pretend to atheism are not well informed even in metaphysics, and much less so in science. It is strange that young men should manifest such a morbid desire to overthrow the Bible and its revelations; but it is yet stranger that the aged man, trembling on the verge of the grave, should lend the influence of his silvery locks to sustain such an unnatural belief—a belief which, if true, is more terrible than the punishments of revelation—which removes the last prop of confidence, and freezes our hopes into the quintessence of demonism.

I am also inclined to believe that atheism has received more nourishment from a corrupt and superficial priesthood, than from the legitimate inferences of science.

Cincinnati, December, 1856.

OPERATIONS FOR HARELIP.

BY PROF. R. S. NEWTON, M. D.

Harelip has been a common deformity in all nations, and during all past time. Its successful repair has been left for the accomplishment of modern surgery.

I do not propose to go into a history of the many causes which may give rise to this congenital deformity, though there is no doubt of its being a product of maternal sympathy. Very much discussion has been elicited on this point, but I imagine that the above position is now very well established.

Mr. S. D. Anderson and wife, of Rainsville, Illinois, visited Newton's Clinical Institute, in November, 1856, having with them three children, all affected with harelip. Neither of the parents, nor any of their ancestors, had been thus troubled; notwithstanding which, Mrs. Anderson had given birth to five children, three of whom had harelip. Two of these she had lost, and the remaining three were presented for operations in the Clinic. The eldest, a boy of about twelve years of age; the second youngest, a girl aged four, and the third an infant eight months old. The parents and children were all in healthy condition. The mother states that she was frightened when pregnant with her first child, the consequence of which was harelip in the child; and that the constant regret and sympathy for him had produced the malformation in her subsequent children—each adding to the horrible feelings with which she was troubled, and thus more surely inducing it in the next.

In operating on children, it is found difficult to keep them under the influence of chloroform, and I am of the opinion that it should be dispensed with in children under ten years of age, unless the constitution is very delicate. In the cases above referred to, I administered chloroform to the eldest, and experienced more trouble in operating on him than in both the others, notwithstanding their youth.

Quite a variety of harelip is met with; in fact, scarcely two cases are the same in all respects. In some, there is but a single fissure; in others, it may be double; and, very rarely, there may be three.—Again, it may be short, or it may reach up into the nostril; the soft palate may or may not be fissured; and so the bony palate may have one or two fissures, or none. The maxillary bones may or may not be contorted. The incisor teeth may be displaced, and curve outward, or they may be natural; they may shoot out in the cleft, or to one side. Bony excrescences may or may not interfere with the perfect closure of the parts. In short, it is rarely that we find two cases exactly alike, and, of course, the exact process of operating will accordingly vary,

One of the first considerations is to properly prepare the bony rim over which the lip is to be united. If the incisor teeth have been developed, it will generally be found advisable to remove them at once, and if the alveolar process has curved outward, it will be best to remove so much as will prevent any unseemly prominence after the wound has been healed.

If there is but one fissure, and it not extending into the nostril, nothing will be more simple than the necessary operation. There is, in the first place, a choice of instruments, and upon this point very much depends. Mr. Butcher, Surgeon to Mercer's Hospital, Dublin, who has recently published a very excellent work on the subject of harelip, prefers the scissors to the knife—a view to which I decidedly dissent. My objections to scissors are, that they must always contuse the surfaces through which they pass, from the very nature of their construction. Were it possible to get scissors with scalpel blades, this objection might be obviated; but, as such an instrument is out of the question, we must prefer the knife, if we seek the best and most appropriate instrument.

I am greatly surprised that so good a surgeon as Mr. Butcher should thus recommend the scissors. The more the edges of the wound are contused, the less perfect will be their healing or union. And this fact alone would prejudice me against the use of the scissors, when a good knife was to be procured. Again, the incisions should come to an acute point, which is not to be accomplished by scissors. If the point is not acute, when the union is effected there will be an uneven cicatrix, which need not follow the operation where a good knife has been used.

The knife should be thin, delicately pointed, with the point in the centre, and the blade thin, and the edge smooth—in the finest order. There should also be provided, three harelip pins, or small needles will answer, the points of which may be broken off after they have been inserted. Supposing the case to be a single fissured harelip, the surgeon, having first removed any teeth, or long eminences, which may be in the way, dissects the lip from the bony surface below for a short distance around the edges to be pared. Standing over and behind the patient, which, if over ten, shall have been previously ætherized, and fixing in his mind the line of the incision, introduces the knife, and thence passes it smoothly down to the end of the fissure, slightly curving his incision, so as to give rather a convex, than a straight, surface, and by no means a concave one. Many very excellent operators introduce a thin wooden spatula between the lips and the bone and cut down on it. I think, however, that the under surface is thus always somewhat contused, and hence I prefer to dispense with it and make my incision from the apex to the base of the fissure. This incision should be made on both sides, of course, paring off only enough to bring the surfaces in exact union. The assistant will compress the coronary artery so as to staunch the incidental hemorrhage. The surfaces having been cleaned, and put in exact union, the surgeon then introduces a pin, (the lowest,) which should be made to dip down under the coronary artery to guard against hemorrhage; and in like manner, after it has been tied, the other two should be introduced, each dipping down nearly to the mucus membrane so as to prevent a gaping of the fissure on the internal surface. The sutures having been arranged, strips of adhesive plaster are placed over them, extending to the middle of each cheek, and firmly drawn together. This will prevent separation in consequence of crying or other movements of the parts by the child. If the patient be under ten, it must be rolled in a sheet so as to prevent its struggles. The fissure of the soft palate is united much in the same way, except stitches are substituted for pins. The bony cleft may be improved by a subsequent operation, but generally, if the patient is young, the constant pressure of the lips will nearly close the cleft. The children above referred to, were thus operated on. The straps and dressings not being interfered with till the end of the fourth day, when the pins were removed and straps applied. At the end of eight days all were discharged cured.

Where the harelip is double, of course the operation is double, and somewhat more difficult, yet the principle is the same. It is a question among surgeons whether one or both fissures of such cases should be operated on at the same time. I am governed very much by the character of the particular case in hand.

The fissures are never on the median line, and often extend up into the nostril; but no matter how far up, the edges should be pared and the surfaces united. The chief object of the surgeon is to remedy the deformity, and his judgment must, in a measure, direct him to the attainment of the end. The deformity of harelip is a very disagreeable one, and I hope that of the next generation, none will be suffered to grow up without seeking to remedy it. The judicious and skillful surgeon need never fail in the operation, unless the parts are positively torn assunder, or some equally unexpected accident should befal the patient. It, however, requires care and skill to leave only slight traces of the previous deformity. I have operated on many patients from different parts of the country, and I am positive, when I commend to the profession, this plan of operating.

Part 2—Correspondence.

Cincinnati, Dec. 10th., 1856.

Amos Broadwell, Esq:

My Dear Sir: — I now propose to answer, as briefly as possible, the question, which, if not mistaken, is this: "What do you consider essential to constitute one an able, useful, and honorable physician?" Permit me to remark, just here, that you must not expect much from a student just beginning to see the rays of medical science, but "such as I have give I unto thee."

It must be evident to the merest tyro in medical matters, that the office, duties and responsibilities of a practitioner of medicine are so weighty, that none but reflecting and honorable persons should be allowed to engage in it. It appears to me, that all that is essential to constitute an able, useful and honorable physician may be comprised under three heads.

1. He should be Intellectual. The more mind he has the better. He should possess sound judgment, discretion, and the power of adaptation. He should be able

to explain the nature and character of disease; the modus operandi of his prescriptions; whether or not he should explain those things to his patients; if prudent to do so, when, where and how. He should consent to learn the views of others and compare them with his own, then adopt or reject as *his* judgment, not another's, should dictate.

He should know how to adapt himself to circumstances; how to enter and conduct himself in a sick room; learn the character, circumstances and position of his patients; how to sympathise with them. Whether he is to be reserved or familiar, loquacious or silent, sullen or affable.

If he is a man of intellect, he will be aware of his ignorance, no matter how learned he may be, and continue ever a student. He is aware that there is a boundless field before him, over which he is to roam in search of gems yet unknown, but which will, when found, remunerate him for all his toil, zeal and sacrifice. Hence he is thankful for knowledge, come from what quarter it may; does not imagine himself a second edition of Solomon revised and corrected, neither does he imagine for a moment that he is wiser than seven men that render a reason, or that when he dies, wisdom will die with him. Hence he embraces every opportunity for improvement and increases in knowledge daily. He does not play the sycophant, nor act the toady to gain applause, neither does he hang his wit out upon every occasion, as shopmen do their goods, to excite the wonder of the ignorant, or applause of fools. He does not try to kill the reputation of a professional brother, that he may fatten upon the robbery. He knows that true merit will be seen and appreciated in due time, and patiently waits till fame gives him a seat at her right hand. In a word, he is a gentleman, made so by inheritance, early training and innate mentality.

2. He should be a Strictly Moral, if not Religious, Man. Ignorance and vice are twin sisters. No matter how much one may boast of his acquirements, if he is immoral he is a fool. The highest authority on earth declares, "Fools make a mock of sin." Again: "The fool hath said in his heart there is no God."

The man of this faith needs but a tail and a pair of long ears to make him a complete animal. He has all the passions and appetites of the beast, and only lacks the appendages mentioned, to complete the formation. Our Creator has made us triune beings, possessed of animal, mental and spiritual life. In order to be useful, honorable and happy, we must attend to the demands of this combined nature. Food is necessary to animal, education to mental, and religion to spiritual nature. If we stuff the body and neglect the mind, we will be simpletons; if we cultivate the mind and neglect the body, death will ensue. If we attend to the animal and mental to the neglect of the spiritual, holy writ declares we shall die spiritually. "The soul that sinneth it shall die." The profession of medicine places one in a position of respectability and influence, second only to the ministry. How great is his responsibility. Can he discharge his duty to the profession or to his patients if he is immoral? I say, unhesitatingly, he cannot. Where is the gentleman or lady that would suffer a drunken physician to come reeling, with a flushed face, disordered brain, and breath like a whisky shop, into their chamber and stand by their bedside.

In diagnosing disease, it is frequently the case that all the skill and ingenuity of the most composed, self possessed, cool headed genius is required; what could a mind beclouded and besotted do in such a case. A man of intemperate habits is unfit to practice medicine; he disgraces his profession and should be kicked out of it.

The same or similar remarks apply to the sensualist. The man that thinks more of gratifying his hellish passions, than he does of protecting helpless innocence; who would, to indulge his base propensities, destroy domestic happiness and peace, rob a poor unsuspecting creature of that which is worth more to her than all the gold of California; the man that would take advantage of the circumstances surrounding him to perpetrate a crime of such a character, deserves to occupy a position among the beasts of the earth, and should be kicked out of the profession and decent society. I know no higher, and truly enviable position, to which the man of enlightened mind can aspire than that of a high toned, Christian physician. It is his prerogative to sooth the sorrows and dry up the tears of suffering humanity. It is his privilege to imitate the Saviour of mankind by going about doing good. Not merely prescribing for the poor and destitute sick, but at the same time teaching them the value of Christianity, the home beyond the skies, prepared for those that love and serve their God in this world. To stand by the bed side of some loved one about to disrobe itself for its flight to the spirit world, and after kind friends have taken the last farewell, and imprinted upon the death-hued lips the last kiss of affection, to whisper words of hope to the soul and point it to the Lamb of God that taketh away the sins of the world. Angels look with approving smiles upon such a scene, and if envy could exist in their hearts, would have it excited upon such an occasion.

3. HE SHOULD HAVE GOOD PHYSICAL HEALTH. A physician with a poor, broken down, or enfeebled constitution, cannot attend to his studies or profession as he should. If his practice is extensive, he is soon hurried to an untimely grave. It requires as much strong, able bodiedness for a physician, as it does for a blacksmith, carpenter, or any other mechanic. I have now answered your question as well as could be done in this condensed manner. Let me hear from you through the Journal.

As ever, your friend,

ISAAC SPANGLER.

MEDICAL ITEMS.

ALBUMINURIA.—M. Mauthner, in the albuminuria and dropsy after scarlatina in children, recommends the exclusive use of milk or rice-milk diet. Under its influence, he says, an abundant urinary flux becomes established, which causes the disappearance of the dropsy; but should it not suffice for the cure, he would seek to modify the urinary secretion by the use of alkalies. He recommends urea to be given in such cases, in doses of one-third of a grain, mixed with sugar. When a dose of 6 or 8 grains is arrived at, he says, it occasions an abundant secretion of urine, and rapid disappearance of the dropsy.

CHILBLAINS.—Prof. Berthold employs decoction of nut-galls as a bath, or applied by means of pledgets. The itching and burning disappear in two or three days, but in old cases the remedy must be continued longer. Oak bark (1 lb. to 2 lbs. of water) may be employed as a poultice. These remedies are not applicable to broken chilblains.

CONVULSIONS.—M. Marotte relates the case of an infant, eleven months old, suffering from convulsions, with spasms of the glottis, during dentition. Chloroform was very cautiously administered, with immediate relief; and in half an hour sleep was procured, and kept up by occasional respiration of the vapor for two hours, and then natural sleep ensued. Several relapses occurred, decreasing however in severity, each of which was treated in a similar manner; and altogether, 45 grammes of chloroform were expended.

CHLOROFORM.—Mr. Syme, in a clinical lecture, directs attention to the importance of watching the respiration during the administration of chloroform vapor; regarding the indications afforded by the breathing as of greater value than those furnished by the pulse. On respiration becoming difficult, he directs that the mouth should be opened, and the tip of the tongue being seized with artery forceps, that it should be drawn well forward.

Part 3.—Editorial.

IMPORTANT CASE OF ALLEGED MAL-PRACTICE.

Suits to recover damages in cases of alleged mal-practice have greatly multiplied within the last few years; yet patients renew them, notwithstanding the common failure to enrich themselves at the expense of the surgeon. The experience of those who have made such attempts have been altogether inadequate to satisfy the morbid desire to collect damages from practitioners, and legal gentlemen as readily advise the institution of suits as though it had been held by the civil code, that the surgeon warranted, in every case, to restore a limb or joint to its normal condition. Every practitioner, and especially every surgeon, is deeply interested in such medico-legal questions, and each does only a duty to the profession when he reports in full, such cases as may come under his knowledge. The case in question is one of considerable interest, as well as importance, and the decision may be of service to other practitioners who shall be the defendants in future mal-practice cases.

On the 7th of July, 1856, the following petition was filed in the Clerk's Office of the Superior Court of Cincinnati:

In the Superior Court of Cincinnati.

Charles M. Steele, an infant, by his next friend, Maria Steele, plaintiff, *against* R. S. Newton, M.D., defendant.

Charles M. Steele, by his next friend, Maria Steele, says: That he, the plaintiff, fell on Friday, the twenty-second day of September, A. D., 1854, from a window in the "Methodist Book Concern," Cincinnati, and fractured the lower extremity of the humerus of his, the plaintiff's, arm, the fracture including the upper part of the condyloid ridges.

And the plaintiff further says: That the defendant, at the time aforesaid, exercising and following the art and profession of a surgeon and physician, was employed by the plaintiff, for a reasonable reward to be therefor paid by the plaintiff, to set and exercise due care in curing the said arm of the plaintiff; that the defendant so carelessly, negligently, and unskillfully treated the said fractured arm of the plaintiff, and by and through the mere negligence, unskillfulness and default of the defendant, in that behalf, the said arm of the plaintiff was deformed, partially paralyzed and rendered entirely useless; that a serious injury has been done to the median nerve of the said arm, resulting in an impaired circulation and sensibility; that there is an atrophied condition of the fore arm, and an arrest of the growth of bones; that there is permanent contraction of the flexor muscles of the fingers; that the wrist joint has received an abducted direction, and that the plaintiff has been otherwise injured.

Plaintiff says, that by and through the negligence and unskillfulness aforesaid of the defendant, he has sustained damages to the amount of three thousand dollars, ($3000,) wherefore he asks judgment for three thousand dollars.

A. N. Riddle,
W. H. Johnson, } *Atty's for Plaintiff.*
A. T. Goshorn,

State of Ohio,
Hamilton Co. } ss.

Maria Steele, the next friend of Charles M. Steele, the aforesaid plaintiff, being sworn, says that she believes the statement of the foregoing petition to be true.

Sworn to by Maria Steele before me, and subscribed in my presence, this 3d day of May, 1856.

her
Maria ⋈ Steele
mark.

[seal.] A. T. Goshorn, N. P.

To this petition, the defendant, Prof. Robert S. Newton, filed the following answer.

Superior Court of Cincinnati.

Charles M. Steele, an infant, by his next friend, Maria Steele, plaintiff, *against* R. S. Newton, M. D., defendant. } *Answer.*

The defendant, for answer to the petition in this case, says that he admits he is a physician and surgeon, and attended Charles M. Steele, for fracture and other injuries of the arm, as stated in the petition. Said Charles, after receiving the injury at the Methodist Book Concern, corner of Eighth and Main streets, Cincinnati, was conveyed to a boarding house on College street, when the defendant was called to see him by a Mr. Hunter, a hand working in the Book Concern, who assisted to remove him to the house on College street.

When the defendant first saw the patient, which he supposes from the information he received was from one to two hours after the injury was received, the arm was very much swollen, and so painful that the patient was in slight convulsions. Defendant stated at the time, to the person who called him and those who were present, as well as the boy himself, that, from the nature of the fracture and the injury to the nervous ligaments and bloodvessels, there was danger that he would have lock-jaw, or that mortification might ensue; and, if he escaped these, there was danger of the elbow joint becoming stiffened, and his being rendered a cripple for life. At the urgent request of said Hunter and the boy himself, defendant agreed to set the arm, and do the best he could for him. He accordingly set and dressed the arm. He was then removed to the residence of his mother, the said Maria Steele, on Kemble street, where the defendant called to see him the next day.

The injury was a very serious one, and one of the most difficult in surgery to manage. When defendant called, as just stated, at the mother's residence, he explained to her and to the boy himself the difficulty of the case, and told them he would have nothing further to do with it except upon their responsibility, he (the defendant) not being liable for the result. Both the mother and son assented to this, and urged the defendant to undertake the case. The mother at the same time stated that she was poor and unable to make the defendant any compensation for his services, and he agreed to manage the case gratuitously. He has never made any charge for his services, and never received or expected to receive any compensation therefor. When said Hunter first called upon him he made no offer or agreement to recompense him, but simply acted as any third person would have done in such an emergency in sending for a physician. Defendant treated the case for some eight or nine months. He denies that there was any negligence on his part, or any injury to the patient arising from negligence or unskillfulness.

On the contrary the defendant succeeded better with the case than he expected, and than the most skillful surgeon could have expected to do. The bone was healed, the bandages were removed, and the defendant was treating it merely to remove the stiffness of the joint, at which time the tendons commenced contracting, producing the deformity complained of in the petition. This was some ten months after the injury was received. This contraction resulted from the injury to the nerves and tendons at the time of the fracture, and was not in the slightest degree owing to the manner of treatment. Such contraction frequently ensues in case of injuries of this kind as well as of other descriptions, and cannot be either anticipated with any certainty, or guarded against. The deformity could be removed by a simple surgical operation. Defendant states that he was not in any manner in fault in causing the injury complained of, and therefore prays judgment.

KETCHUM & HEADINGTON,
Atty's for Defendant.

State of Ohio, } ss.
Hamilton Co. }

Robert S. Newton being sworn, says that he believes the statements of the foregoing answer to be true. R. S. NEWTON.

Subscribed in my presence, and sworn to before me, by Robert S. Newton, this 9th day of August, 1856.

{ SEAL. } WM. KIRK, N. P.,
in and for Hamilton Co.

The boy, Charles M. Steele, appears to be about fourteen years of age, with a fair constitution of the sanguine lymphatic class. As he appeared in court there was nothing remarkable about him, except his left arm, and this would not have been noticed, unless attention had been called to it. The cuff of the coat sleeve hid very nearly the hand, which, if seen, would hardly have fixed attention, as the contraction of the fingers was not so great as to close the hand more than is customary with those who walk with the hands swinging by the side. When stripped for inspection it was found that the motion of the elbow joint was as perfect as in the sound arm. There was a visible decrease in the muscles of the fore arm, and partial contraction of the fingers. He stated that the sensibility of the arm was impaired so much that he sometimes scratched his hand so as to make it bleed without being aware of the injury. The arm was minutely examined by several surgeons, who had been summoned, as experts, to testify in the case. We proceed to an exhibition of the evidence in the case.

Charles M. Steele called—Testifies that he is the boy who fell from a window of the stable of the "Methodist Book Concern," on the 22d day of September, 1854. Previous to the fall, his arm was as perfect as the other, but it was broken in his fall from the window. He fell out head foremost, and caught on his hands. He was taken up by Mr. Hunter, who also worked in the Book Concern, and conducted to Mr. Hunter's boarding house on College street. He walked from the place of the accident (corner of Eighth and Main sts.) to the boarding house on College street, Mr. Hunter holding his arm. Mr. Hunter called in Dr. Newton, who proceeded to set the arm in the presence of Hunter, Faral and Laws. It was about half-past one o'clock when Dr. Newton dressed it. Skin of the arm was not broken when Dr. Newton first set it on College street. The arm was set and bandaged, then a splint was put on the inside of the arm, and the arm was flexed to an angle of 45°. He heard nothing of Dr. Newton treating him as a charity patient, and recollects nothing being said of compensation in his presence. He was removed to his mother's house on Kemble street, where he was visited by Dr. Newton next morning. His arm was then painful, and swollen, and red, and the hand was purple. At this time there had been no attempt to keep the palm and fingers straightened to a parallel with the arm. The splint came only to the wrist, and blisters had risen over nearly the entire surface of the arm before the Doctor came next morning. Dr. Newton dressed his arm on the morning of the 23d September, at his mother's house, where he came daily for several days, and was punctual in his attendance for one and a half or two weeks. Dr. Newton told him how to treat it, and he followed the directions. His mother also heard the directions, and nursed him while he needed attention. He heard nothing said of compensation, at his mother's house or elsewhere. His mother was able to pay. Says he can use his arm a little, but not for heavy work. At the time of the accident he was employed as a paper folder in the Methodist Book Concern; he has since been engaged as a runner in Mr. Jones' store on Fourth street. Dr. Newton also treated his arm at his (Newton's) office, and completed it at the Clinical Institute, corner of Sixth and John streets. [This is the hospital department of the Eclectic Medical Institute.] Witness says he attended this institution twice a week for a few weeks, then once a week for some months. He went to Dr. Newton's office on one occasion, and the Doctor told him to come next day and have it dressed. He went on the next day, which was Sunday, but did not find the Doctor in, and went again on Monday, when he was sent to the Clinic, where it was dressed by the attendants. It was then offensive to the sense of smell, and had been when Dr. Newton put him off, though he had neglected to tell the Doctor that it was in such a condition.

Cross-examined.—Says he fell from first window of the stable, of about five feet elevation. He walked about three squares to the place of dressing on College street. He was playing in the stable, and jumped or fell out. His arm was bent back, but he could not tell how it was broken. The place he was conveyed to was on College street, between Sixth and Seventh streets, about half a square from Dr. Newton's office. He walked, and Mr. Hunter held his arm. The Doctor came to dress it about one hour after the accident; before he came, the sleeve had not been stripped off. The arm was then straight, but very painful—could not say whether he could hold it in a bent position or not. The Doctor pulled it when he began to set it, and when he tried to bend it, it was very painful. He did not feel the end of the bone. Mr. Hunter held his arm while the Doctor was dressing it, and he remembers having heard the Doctor tell Hunter that it was a bad break. He was crying when Dr. Newton came in, but does not know whether it was from pain or fear. When Dr. Newton first came in, he had no instruments; he set the arm, laid it on his (Charles') breast, and then went to his office after a splint and bandage, when he completed the setting. The Doctor set it before he went away to his office for instruments, by placing it in the right position. Dr. Newton told him it would soon get well, but told Mr. Hunter it was a bad fracture. Called to see me on Kemble street next morning, and continued to dress it for six or seven weeks. For a week and a half, he came every day or two; he came three days consecutively, then every alternate day. The splints he used did not keep the hand straight. Four or five weeks after the arm was broken, the splint was put on the outside of the arm. Said he complained to the Doctor that the bandage was too tight, and hurting him, but the Doctor refused to loosen it, and told him it must be tight. First he saw of blisters was on the morning of the 23d September. He did not know whether it was swelled or not when it was first dressed, but it was inflamed from the elbow down on the next morning, and also blistered. Did not hear the Doctor speak of continuing or discontinuing the case, but he recollects hearing him tell his mother that it was a dangerous fracture. The Doctor never refused the responsibility of the case. The sores remained on the arm for four or five weeks; when the splints were removed, the sores had scabs on them, which were dressed by the Doctor for two or three weeks. Went to the office to have his arm dressed two or three times a week for two or three weeks. The arm was dressed only a short time at the Clinic—perhaps two or three weeks before the splint was removed. He thinks the bone was broken above the elbow, not below. Sensation tolerably good, though not so good as before the fracture. Dr. N. treated his arm two or three weeks after the splint was removed. The Doctor also gave him a liniment to rub it with, and told him to work the elbow joint daily. At first he could not straighten his arm, but it gradually improved. The stiffness of the fingers was first observed some six or seven weeks after the occurrence of the injury, or when the splint was removed. In January, 1855, Dr. Latta took charge of the case, treating it at his office twice a week for a long time. Dr. Latta replaced the splints, and straightened the hand, but had to desist, as it re-induced the sores. Dr. Latta straightened the first joint of the fingers a little, but not the second. The sores on the hand were not like those on the arm. The hand was very red, but white and sore where the splints came in contact with it. The offensive odor, when first noticed, continued three or four days, and on the second occasion, from Sunday until Tuesday. The sores commenced drying up before Dr. Newton removed the splint. The Doctor cut the blisters open, but they came out again; and, to cure them, the Doctor gave him an ointment.

John H. Faral, called.—Testifies that he knows the boy, Charles M. Steele, and saw him on the day he broke his arm. He was present when Dr. Newton set it. When the Doctor came in the boy was lying on the bed, but was not crying, though he was in some pain. Hunter is a printer whom he knows by sight. Doctor Newton said it was a bad fracture, but I heard nothing said of its being a charity case. The Doctor had a splint when he came in, though I think he had been in, before I came. He saw Charley frequently afterwards; does not know where Hunter is.

Cross-examined.—Do not know certainly whether Doctor Newton had been there before or not, but thinks he had been there. It took the Doctor nearly half an hour to set and dress the arm. He remained until it was finished. The boy complained when the Doctor moved the arm. Mr. Hunter was there when I arrived, and remained till after I left.

Mrs. Maria Steele, called.—Testifies that she is the mother of the boy who had his arm broken at the Methodist Book Concern, on the 22d of September, 1854. Dr. Newton treated him at her house for a week and a half. Charley then went to Dr. Newton's office. She never saw Dr. Newton before he came to her house on the morning of the 23d September. He told her it was a bad fracture, and must be treated with care. He said it would require three or four weeks to effect a cure. The boy was very careful and followed the directions. Nothing was said of compensation at any time; she was able and prepared to pay the bill, and had always expected to do so. She noticed several large blisters on his hand next morning. The splint came only to the wrist, extending back to, and above, the elbow; the hand, however, was included in the bandage. The hand hung down. The Doctor afterwards put on another splint. The arm at times was offensive, and I told him to go to Dr. Newton's office and get it dressed, as he was able to walk about. The arm became offensive about one and a half weeks after it was first dressed. During the first week the Doctor came Saturday, Sunday and Monday, but cannot say whether he came regularly or not after that.

Cross-examined.—The Doctor came to my house on the morning after the accident, having Dr. Freeman with him. They remained about half an hour, dressing the arm; during their stay they did not converse with her. The Doctor said it was a bad fracture, and that it would require three or four weeks to effect a cure, or to knit. We had no other conversation. Dr. Newton did not say that he would hold the arm until I could send for another physician. She did not depend on Charley for a support; never said so. She did not remember telling Dr. Newton to do the best he could. She had constantly noticed the condition of the hand, and that it was hanging down, but could not say when the stiffness began. Noticed that the hand was cold; [here witness was much confused,] felt his hand after the bandage was removed, but can't say how long after. The fingers were worse then than now. They became more sensible after he went to Dr. Latta, but thinks they have relapsed into their former condition of insensibility.

Re-examined.—Dr. Newton never asked me to get another or consulting physician. He brought Dr. Freeman and Dr. Latta to see the patient of his own accord.

Prof. R. D. Mussey called.—Testified that he had practiced medicine and surgery more than fifty years. He had examined the boy's arm and found it withered, and the general sensibility much impaired—results arising from diminished innenation. He should infer that the blood-vessels had been too much constricted by the bandages, thus obstructing the proper circulation of the blood in the limb. Cannot say that this was positively the case. These results might have been induced by injury to the median nerve, but thinks the circulation was obstructed, and in consequence the blisters appeared. Fractures in the lower end of the humerus are very difficult to treat, and for which there is a variety of plans. He should have kept the forearm flexed on the upper arm, at a right angle, and been careful not to dress it too tightly. He should use some sort of a splint, though he could not at present specify the exact kind. Some surgeons, in dressing such fractures, leave the hand bent, while others straighten it. He was of opinion that, if a fracture had existed in the case, it was probably an oblique fracture, including the internal condyle. The elbow joint is now in good condition, having its natural motions in all directions. He has not, however, seen similar results from such a fracture. The ulnar nerve, as well as the median, may have been injured.

Cross-examined.—He was not positive as to the direction of the fracture, nor was it always easy to judge so as to form a positive opinion. All fractures of the os humeri, running into the elbow joint, are difficult of cure. He was of the opinion that a permanent injury, or a degree of deformity, is sustained in a majority of cases. The vesications in this case may be accounted for by the injury done to the nerves, but thinks that tight bandages are oftener the causes of such results. Different surgeons adopt different plans of treatment. He knew an eminent surgeon in Kentucky who did not use splints at all, in cases of fracture, but he was of the opinion that the best surgeons, at the present time, employ splints.

He has seen cases similar to this—had seen a case some years ago where the fore-arm mortified in consequence of having been too tightly bandaged. Thinks that in this case the dressings may have been too tight. He was of the opinion that partial paralysis might be induced by too tight dressings, without gangrene necessarily ensuing. [Prof. Mussey here cited a case in which a permanently enfeebled and withered arm was caused by dressings for a broken collar bone, in which the arm was bound too tight upon a compress placed between it and the body; this occurred without vesecation or gangrene. Erysipelas may follow such injuries, exhibiting itself in from twenty-four to seventy-two hours.

Re-examined.—He was of the opinion that the injury in *this* case is permanent; the fingers can be straightened by an operation, but without any special benefit to the boy.

Sally Ann Massey called.—Testified that she knows the boy Charles Steele, and his mother Maria Steele. Was at Mrs. Steele's house nearly every day during his confinement, and saw the boy, but did not see Dr. Freeman there. She noticed that the arm was in a bad condition. She don't remember to have noticed the bandage particularly. One and a half weeks after the injury the hand was purple. She had heard the boy say it hurt him very much; though he did not complain of the bandage particularly. The odor of the arm was very offensive. The boy carried his arm in a sling, with the hand hanging down. He was nursed by his mother, who is a widow, and then lived on Kemble street. She has a little girl and a larger boy. She thought Mrs. Steele able to pay the bill, and she (Mrs. Steele,) had told her she was prepared to do so.

Cross-examined.—The young man present is the larger one whom I refered to. I was at Mrs. Steele's house a few minutes on the evening of the second day after Charles had his arm broken.

Prof. Jesse Judkins called.—Testifies that he is a physician and surgeon, and has practiced his profession for eighteen years, a part of the time as a teacher of anatomy and physiology. He did not hear the boy testify, but he had examined the condition of the arm. If there has been a fracture of the arm the reparation has been most complete. The wasting or withering may be a result of muscular changes or of nervous sympathy. He was of the opinion that the inflammation had been very intense. The capillary circulation may have been arrested by too tight bandages, the result of which would have been inflammation, erysipelas and gangrene. When the arm was so very offensive, there must have been some degree of gangrene. The blisters showed intense inflammation. He was of the opinion that the arm may yet improve. The union of fractures in young persons may be very complete. Thinks that in such a fracture, the arm should be flexed to right angles when set. Injuries of the elbow joint are always attended with complications, the nature of which cannot be always easily determined. He could not say from the present condition, what had been the exact nature of the complications in this case. Tight bandaages tend to prevent a return of blood from the extremities back to the heart. The erysipelas complained of was, in all probability, induced by too tight bandages. Gangrenous states of a part are always offensive after sloughing has commenced. The surgeon should see such a patient at intervals ranging from two days to one week. Thought it would be imprudent to send such a patient away from his office without examining the state of the arm. The nurse, however, must attend to the dressing.

Cross-examined.—He thinks this patient was seen often enough. A simple fracture would require less attention. Does not think that the injury of the median nerve alone caused the difficulty here presented, though it may have been the primary cause; the muscles and ligaments might also have been injured, and thus have assisted in securing the present results. Thinks the bandages might have caused the erysipelas. When called to such a case, the bones must be put in position; the arm being flexed to right angles; the splints to be adjusted, and the bandages applied. The bandages can not be put on tight enough to paralyze, without producing gangrene. The median nerve at this point, (entrance of the end of the fractured bone in its downward descent,) is deeply seated. The offensive odor of such cases may precede true gangrene. It will, however, be recognized as the peculiar odor accompanying erysipelas, and which is unlike that of gangrene. Simple vesication would give both a discharge and an odor. The difficulty of effecting a cure in such a case will depend on the amount of the tissues which have been destroyed or injured. He thought that a majority of fractures of the elbow joint were completely cured. He could not say whether, in this case, it was the muscles or nerves that were injured, but thinks the muscles sustained most damage. When elbow-joint fractures are complicated, then he thought that a majority were not cured completely. Thinks that the end of the fractured bone was here thrust forward into the tissues of the anterior superior forearm.

Prof. T. Wood, called.—Testified that he was a practicing surgeon, and now holds a professorship of anatomy. He had heard a part of the boy's testimony. He thinks the present condition of the arm is the result of bandages too tightly applied. He could not discover evidence of there having been a fracture, and if there had been, he had never met with a case where the cure was so perfect as in this case. The median nerve did not supply all the fingers. He had never met with such a result as this, except it had arisen from bandages too tightly applied. He never knew erysipelas to occur as the result of such injuries, where no external opening had been made at the seat of the fracture. Gangrene may, and sometimes does, occur without erysipelas. In this case, he thinks there has been extensive inflammation, and that the muscles have grown together. He was in the habit of examining similar cases once in every twenty-four hours, to see that all things were well, for a period of one week. He thought the purple color of the hand arose from compression; the blistering being one of the first results of such compression. He uses for such fractures the angular splints, but paste-boards may be used. He always steadied the hand in dressing, and generally leaves it straight. The contractions in this arm do not result as a necessity from tight bandages. The contractions usually come on after the parts have been healed up. The chief reason for preferring long splints is to prevent motion of the parts. He had never seen blisters occur unaccompanied by compression. He had seen two similar cases the past summer. He thought that before the muscles of the forearm could be materially injured by the end of the bone, the artery would have been cut off. Erysipelas may occur from very slight wounds; often a simple scratch of a pin on the arm will induce it; so, too, may fracture and tight bandages. Short splints only serve to keep the parts together. Paralysis may be induced without gangrene, provided the pressure be continued for a great length of time. No injuries of the elbow joint are so completely cured as to leave no trace of them. He did not find satisfactory evidence that the bone had been broken. He had known wasting of the arm to occur where the bone had sustained no injury. Paralysis generally results from injury to the nervous centers.

Prof. G. C. Blackman called.—Testifies that he is the Professor of Surgery in the Ohio Medical College, and Surgeon to the Commercial Hospital. He had both examined the boy's arm and heard his statement, but from those sources had formed no positive opinion. The paralysis may be the result of the shock sustained at the time of the accident, or it may be the result of too tight bandaging, or from having retained the arm too long in one position. The blisters common to such fractures may follow in less than 24 hours where there is no dressing, and may be the result of the violence done to the soft parts at the time of the injury. If erysipelas was, at the time, epidemic, it would almost certainly follow as one of the phases of such a case as the one under consideration, or even a less injury. He had no positive proof that the arm had been fractured, but he thought there had been a fracture of the humerus involving the inner condyle and injuring the ulnar nerve. These are bad fractures, and their true character is difficult to detect. He thought the ends of the bones should have been put together immediately, inflammation or not. He had seen discolorations of soft parts where the ends of the bones had done violence to the soft tissues. The bandages in such oblique fractures must be tied rather tightly, and the surgeon in setting the arm may use either the wooden splints or pasteboards. In setting the arm he prefers to steady the hand. He had known mortification occur in 24 hours from tight bandages. The blisters may have been the result of such bandages; he would not attach much importance to the tightness of the bandage, unless tight enough to induce excessive inflammation. It was not customary to change the bandages oftener than once in twenty-four hours.

Cross-examined.— He thought the tissues of the joint had been injured, and the results in this case may depend on such injury, and not on tight bandages. Children are very apt to complain of the tightness of the bandage, even when it is not too tight—could not say that the bandages in the case of this boy had been too tight; the symptoms of the case do not prove that they were too tight. The paralysis and wasting may depend on other causes, and he was not willing to say that such had not been the case. In such fractures it is a very common result to have impaired motion. The experience of the oldest and ablest surgeons in both Europe and America show this to be the case. Professor Hamilton, of Buffalo, shows that a majority of such cases are attended with permanent injury of some sort, and all authors on the subject testify that an impaired condition results in a large majority, if not in all cases. He thinks that there was enough care shown by the surgeon in the treatment of this case. Conditions might arise which would cause him to remove the bandages entirely, as severe pain, inflammation, &c. The fracture should be kept in situ by bandages if possible, as the redisplacement of the ends would cause danger to the arm, for the point of the bone would be again thrust down into the soft parts, and get up a worse condition than ever.

Re-examined.—He had seen several cases similar to this, and these too had been under the care of the best surgeons. Indeed, he had some in his own practice. He considered the repair in this case very perfect; he considered it a fine sample of union, and he had seen greater paralysis arise from less injuries.

Dr. W. S. Latta called.—Testifies that he is acquainted with Charles M. Steele. He had seen the boy while under the treatment of Dr. R. S. Newton; first time, within three or four days after the accident. He visited the patient in company with Dr. Newton, and in doing so he had no other motive than to see the case, as Dr. Newton had represented it as one of peculiar interest. The arm was dressed by Dr. Newton in his presence. He had noticed that it was covered with vesicles, some of which had broken, and others were punctured by Dr. Newton. He had assisted to dress the arm but did not examine the joint particularly. The ends of the fractured bone seemed to be in apposition. He noticed no appearance of gangrene. There was nothing very peculiar about the forearm except the blisters. He did not remember to have seen any marked discoloration. Since then he had seen the boy frequently, and heard both him and his mother say the arm was paralyzed. When he first heard this remark, the boy was attending Newton's Clinic Institue to have it treated. Patient was then turned over to him, and to arouse the vitality of the arm he had tried electricity. The sensibility was very much restored at the end of two weeks after he had begun to treat him, at the end of which time he undertook to straighten the fingers, but had to desist in consequence of the re-appearance of the erysipelas. He had applied the splint to straighten the fingers. He had bandaged the hand rather tightly, but from the nature of its application there was no interruption of the circulation. He observed the erysipelas within two or three days after he applied the splint and bandage. He thought there was a tendency to erysipelas in the arm at the time. He did not make immoderate pressure, yet the erysipelas was induced.

Cross-examined.—He had been practicing medicine three years. The blisters which appeared when the patient was being treated by him, were the same as those he had observed when the boy was under Dr. Newton's treatment.

Prof. R. S. Newton called.—Testified that he had been a practicing surgeon since 1841—fifteen years. Was now a Professor in the Electic Medical Institute, and surgeon to Newton's Clinic Institute. On the day set forth in the declaration, he was called by Mr. Hunter, and found the boy, Charles M. Steele, with his arm broken. He thought it a bad fracture, and asked Mr. Hunter who had sent for him. Mr. Hunter replied that he had come of his own accord, as he worked in the same office with the boy. He then told Mr. Hunter that he would rather not take the case. On examination he had found the humerus broken off obliquely, the end of the bone driven down into the hollow of the arm; the boy, at the same time, suffering very much. He could distinctly feel the end of the bone. The arm could not be straightened. He had experienced but little difficulty in setting it, but it was not so easy to keep it in proper position, there being a constant tendency to slip down; hence, to prevent this, the bandages had to be applied firmly. The arm was much swollen at the joint, and all the bloodvessels of the arm seemed to be engorged, though not more than an hour had elapsed since the accident. The boy was crying when he went in, and exhibited more suffering than from a simple fracture. In such cases, most of the pain arises from injuries to the muscles, though some of the pain is to be attributed to the fractured bone itself. He first drew the point of the bones together and then bandaged the arm from the hand up, afterwards applying the splints, leaving the arm flexed to right angles. The splints are applied to prevent rotary motion. In this case more pressure was needed than in a simple transverse fracture, on account of its obliquity. The bandage was not tighter than he thought necessary. He had remarked to the boy, and those present at the time it was set, that the arm might be anchylosed, or that mortification might supervene. He had completed the dressing by 2 o'clock P .M. He visited the patient the following morning at 10 o'clock A. M., in company with Prof. Z. Freeman. The boy then said his arm was hurting him, and Dr. Freeman examined the bandage to see if it was too tight. On the removal of the dressings his arm was seen to be blistered. He then said to Mrs. Steele that it was a bad fracture, and that he would hold the arm until she could get her family physician or another surgeon, unless she would assume the responsibility of the case. She told him to go on and do the best he could. He had explained to her the dangers of such a fracture. A part of the arm and the hand was of a darkish red, but there were no indications of gangrene. After puncturing several of the blisters, he re-applied the bandages, and then put on two splints; one on the inside, and one on the outside of the arm. The bandage extended from the end of the fingers above the fracture, the hand being bandaged straight. One of the splints was removed in a few days. When the long wooden joint splint was off of the inside he had an elastic splint on in its place, and a long wooden one on the outside. He had kept the fingers extended most of the time. The boy had never complained to him that the bandages were too tight. He treated the blisters with water dressings, and continued the splints four weeks or longer. The arm became offensive about one week after the accident. He had attended the boy at his mother's house on Kemble street about four weeks. The boy then came to his office a few times, but the arm did not then require much dressing. He had given an unusual amount of attention to the case. The contraction of the fingers began at the end of four weeks, but he had noticed such a tendency at the end of three weeks.

Cross-Examined.—He had never seen a more perfect cure, yet he never had a result like this. He did not believe a perfect cure had been reported of such a fracture, nor did he know of a result like this. He had taken the boy to the Clinic to exhibit his case, having had him under treatment altogether about seven months. He had never learned who the family physician of Mrs. Steele was, or that she had any. He had treated the case as a charity patient, never having made a charge against Mrs. Steele on his books.

Prof. A. H. Baker called.—Testified that he had been engaged in the practice of surgery for twenty-six years, and for seven years he had been a teacher, and was now Professor of Surgery in the Cincinnati College of Medicine and Surgery. He had known nothing of this case until to-day. The erysipelas spoken of was a result of inflammation, and that had been induced by injury done to the soft tissues. Thinks the ends of the bones had caused the inflammation. Inflammation gives rise to eleven or twelve products, (some of which the Professor here enumerated). He had known injuries of this kind, and now has a case which may result in paralysis. Erysipelas might follow such an injury in from ten to twenty-four hours. In the majority of cases of this kind we have either total or partial anchylosis of of the joint. He could not now speak with certainty of the character of this fracture, as the indications of the fracture in such a young patient may be so completely removed in eighteen months or two years that no mortal man can detect it. Doctor Newton stated that when he bandaged the arm he commenced at the tips of the fingers and continued it up above the point of fracture. The first he considered the most important bandage. Doctor Mott takes the position that a bandage cannot be applied too tight, provided it is not so tight as to produce mortification. The practice of Doctor Newton in this case was proper, and such as would have been followed by any judicious surgeon. The object of the bandage in such cases is, first, to make equal pressure, and secondly, to keep the parts in proper position. The splints are afterwards applied to prevent displacement. The Doctor's application of the splints and bandages was in accordance with the rules laid down for bandaging. The fracture was an oblique one, and one that it is difficult to retain in its proper position. If the bones cannot be retained in their proper place, in a compound fracture, it would be best not to bandage until the inflammation is reduced, If the sharp end of bone was allowed to re-slip into the soft tissues, injury and inflammatory action would ensue. He should in all such cases adjust the fracture at once. This was a complicated fracture, and not a compound fracture. Doctor Newton gave the case more attention than is usually given to fractures, and he considered that he was diligent in his attentions.

Cross-Examined.—The object of the bandage is, primarily to keep the parts in juxtaposition. In his experience of such fractures he had commonly found both the median and ulnar nerves more or less injured. Fractures of the upper arm occur mostly in the os humerus: bones of the fore arm much oftener broken in fractures of the superior extremities. In his practice the fractures of the fore arm were more than double those above the elbow. He had seen a fracture very much like this. In this case the fracture was outside of the capsular ligaments. He had been in the practice of his profession in Cincinnati more than ten years, and had during that time treated many fractures of the arm. He had also had cases attended with erysipelatous inflammation in the fore arm. It would depend on the character of the erysipelas to enable him to say whether he would remove the bandages or not. There are forms of erysipelas which he would treat with bandages. He had not heard Professor Blackman's testimony. Blisters are not always evidence of erysipelas, but they always proceed from inflammation, and they may result from internal or external inflammation. He thought that where the bandage was well applied it would prevent congestion rather than promote it; in this opinion he might differ from other surgeons. In erysipelas the vesicles may take any direction; they are apt, however, to follow the outlines of bruises or pressure. Erysipelatous inflammation may appear in twenty-four hours. Generally where it appears, disappears, and then reappears it is caused by some peculiar diathesis of the system. Whether erysipelas can be induced in the system by bandaging or not is a question admitting of much discussion. The contraction of the flexor muscles would depend on various circumstances, extended over a considerable space of time. In this case there is some relief to the contraction by flexing the hand on the shoulder. The arm does not go back quite as much as the sound one. He had met with cases similar to this where the condyles were included, but he had not met with a case exactly like this in all respects. He had seen cases of oblique fracture where the union was as perfect as in this instance. The union is often so perfect that the fracture is to be detected only by post mortem examination. Nothing but the vigilance said to have been practiced by Doctor Newton could have retained the parts in proper position. In a case like this where the broken bones had been thrust down into the soft parts, the injury would be such as to make a perfect cure very difficult. No serious difficulty would result from the postponement of the dressings one day, three or four weeks after the accident. The postponement of any dressing at any time would not have produced such serious results as are here presented. The blood vessel at the point of injury is a firm texture, and would not be so easily injured as the median nerve by the same violence.

Prof. Z. Freeman called.—Testified that he had been engaged in the practice of medicine and surgery for the past eight years, and is now Professor of Surgery in the Eclectic Medical Institute. He saw Charles Steele and his mother the next morning after the accident, at Mrs. Steele's residence on Kemble street, in company with Dr. Newton. He was introduced to the boy and his mother by Dr. N. The boy seemed to be in some pain. Upon examination he found the arm somewhat blistered, with blisters between the fingers. The hand was of a light purple color; the arm had a similar appearance to the hand after the bandage was unrolled; there were some blisters on the arm. The bandage was not, in his judgment, too tight. The elbow was rather of a purple color, which he thought a natural consequence, when told by Dr. Newton that the fracture was an oblique one of the lower end of the humerus, the rough end of which had been thrust down into the soft tissues. The bandage had been commenced at the tips of the fingers, and evenly rolled upwards, making an even pressure over the entire surface. He had examined the condyles, but had found no fracture—the fracture being above the condyles. He was perfectly satisfied as to the true character of the fracture. Mrs. Steele was weeping so much at the time, that he could not but sympathize with her. She said she depended somewhat on Charley for her maintenance. It was after the bandage had been removed that Dr. Newton proposed to hold the arm until Mrs. Steele could get another surgeon, or her family physician, to treat the case. She declined calling in any other physician, and both her and the boy requested Dr. Newton to go on and treat the case. The bandage was then applied over the arm and around the splints, which served to keep the arm in a proper and easy position. After this visit, he did not see the boy again until he was presented at the Clinic. It then had a different splint on. The bandage, when re-applied at the time of his first visit, was not put on so tight as the first one, because the arm was somewhat swollen, and both he and Dr. Newton were of the opinion that the swelling might be somewhat increased. When the boy was first presented at the Clinic, the elbow joint was stiff, and the arm presented a red and smooth appearance, and the fingers were slightly contracted. The sores on the arm were old sores, but others came out during the time of his attendance. To remove these sores the mild zinc ointment was applied. He had noticed the bandages on the arm when the boy first came to the Clinic, and he considered them quite sufficient. He sometimes dressed the arm himself during the boy's attendance. In order to keep the parts in proper position, it is necessary to keep the bandages tight, and the more so if it is an oblique fracture; the ends of the fractured bones in such a case being more easily displaced, than in a simple transverse fracture. He had been informed of the character of the fracture, in the first instance, by Dr. Newton, and then he examined it for himself. He was satisfied that it was an oblique fracture of the humerus above the condyles. There was some swelling at the elbow joint, but no echymose appearance. It is not common, though sometimes the case, for erysipelas to present itself in cases of fracture. The blisters in this case were, in his opinion, the result of the attending erysipelas. Blisters might, however, be produced by inflammation of the skin. The present contracted condition of the fingers may have been produced by injury to the median nerve. The nerve being injured, would cease to perform its natural functions, and there would not be furnished to the flexor muscles the necessary amount of vitality.

Dr. James L. Van Ingen intruded himself as a witness or expert, but he exhibited such a marked ignorance of surgery and surgical science, that his contradictory testimony is dispensed with—he evidently having had a purpose to subserve by testifying in the case.

The testimony being closed, the case was argued for the plaintiff by Judge Johnson and Messrs. Riddle and Goshorn, on the third day, and for the defense on the fourth day, by Mr. Headington and Judge Hoadly. The reporter begs to call attention to a few of the points argued by the latter gentlemen.

Mr. Headington spoke of the embarrassment of the case, and said that if it was a mere question of surgical practice, he should despair of throwing any light upon the subject. And while the medical question might be difficult, the legal question was exceedingly simple and plain; and by properly understanding it, the jury might avoid the necessity of pursuing the surgical question, which, if made ever so clear to surgeons, could only involve the legal question, as presented to the court, in mazes of uncertainty. To sum up the positions, they may thus be stated:

1. What is the responsibility assumed by a physician or surgeon in taking charge of a case? He does not undertake to effect a cure, in the same sense that a lawyer may undertake to gain a case for a client. If the law was so unreasonable as to require this, it would deter competent persons from practicing, and only the reckless and unskillful, who could not see the danger, would engage in the practice of the medical profession. It would prevent that kind of practice which consists in a choice of two evils.

2. The law requires the surgeon to possess *ordinary skill*, to be determined by the treatment of the particular case in hand, and

3. To exercise *ordinary care and diligence* in attending upon and treating the case; and therefore,

4. In order to make out a case, entitling a plaintiff to recover against a physician, he must show:

That in some respect, which he must be able to point out, his treatment was such, that a majority of physicians of ordinary skill would, *at the time*, have pronounced it improper, (not that they may see afterward that it was so,) or that he did not bestow that amount of attention and care upon the case, which a majority of physicians of ordinary carefulness and skill would have done, and he must satisfy the jury that from one or the other of these causes, and from *no other*, an injury ensued.

These principles of law are so plain that they will relieve the jury from the main difficulty in the case, which is to determine the *cause of the injury complained of*. This involves the very difficult process of reasoning from effect to cause, or vice versa, where the *connection* between them is *involved in uncertainty and doubt*. After thousands of years of advancement medical science is but an approximation to the truth; nothing in its results can be known with positive certainty. New principles are being continually discovered—unexpected results are being constantly encountered. No two cases are in all respects exactly alike, and the treatment must vary accordingly.

The arguments of both Mr. Headington and Judge Hoadley were sound and convincing. The arguments having been closed, Judge Spencer delivered an elaborate charge to the jury, setting forth the rights and obligations of the respective parties, of which our space will not admit a full report. The judge remarked:

"The action, it will be observed, is not founded upon any *special* engagement, on the part of the defendant, to effect a cure in any event, or to employ any particular degree of skill and care for that end, or any particular treatment. But it is founded on a general engagement to render his services in the case as physician and surgeon; in which event, the defendant was bound in law, to exercise ordinary care, skill, and attention, in effecting a cure; nothing more. That is, such as men of ordinary prudence, diligence, and intelligence, in the same profession, would apply in like cases.

"To enable the plaintiff, then, to recover, he must establish, to your satisfaction, at least two propositions: 1st. That the permanent injury complained of was such as might have been prevented by a proper treatment of the case, or was the result of, or materially contributed to by, the mode of treatment adopted by the defendant. 2d. That the mode of treatment resorted to was improper and unusual, accompanied by less skill, care, and attention, than are ordinarily bestowed in like cases.

"Testimony has been offered on the part of the plaintiff to show an improper adjustment of splints at different times, and a want of opportune dressings on one or two occasions; but any neglect, on either of these accounts, is not now seriously relied upon by the plaintiff to charge defendant. The theory upon which the plaintiff's case is founded, and upon which a recovery is expected, is, in substance, this; That the contraction of the fingers, and withering or shrinking of the plaintiff's forearm, result from a weak or paralyzed condition of its nervas, muscles, and tendons, or some of them, brought about by a high degree of inflammation in the forearm, either of longer or shorter duration—an inflammation either superinduced or greatly aggravated by an improper bandaging of the arm, by the defendant, during his course of treatment, and especially on the first application of the bandage. The evidence in support of this theory consists first, of the statements made by the boy himself, corroborated by his mother and another witness, that on the day after the accident, he felt the bandages to be *uncomfortably tight*., and so informed the defendant; that, on removing the bandages, the hand and arm were found to be of a purplish color, and were covered with large, white blisters, which, in time, became sores, and continued for some weeks during the treatment. Second, the testimony of experts as to the indications furnished by these appearances, and the probable effect of the bandage application."

Here the Court reviewed the testimony of the several witnesses, on both sides of the case, in detail, summing up as follows:

"Thus, it will be observed, of the plaintiff's witnesses, one (Dr. Wood) expresses a *positive*, and another (Dr. Mussey) a *hesitating* opinion, that the inflammation causing the injury was occasioned by over tight bandaging; two (Drs. Judkins and Van Ingen) give no particular opinion upon the subject, and the fifth (Dr. Blackman) declaring that from the evidence he *can not* say that the application of the bandages was too tight, or that the injury resulted from any such cause; whilst they all agree, in common with the defendant's witnesses, that the character of the original injury was such, that it was sufficient of itself to produce the appearances indicated, and the unhappy consequences which followed; that it was exceedingly difficult of treatment, and, in a majority of cases, might be expected to terminate, in some way, unfavorably. On the part of the defendant, Dr. Baker expresses the opinion, that the bandaging was not too tight, the treatment of the case was proper, and the injury sustained the natural result of the fracture itself. Dr. Freeman, who examined in person the first or original bandage, was satisfied it had been properly put on, and was not too tight, and approved of the second dressing. And the defendant himself testifies that he applied the bandages carefully, from time to time, and that, in his judgment, they were necessary, and not tighter than the case required. Among these respectable witness, it is not for the Court to intimate upon whose skill and judgment the greatest reliance can be placed; but we may with propriety say, that an honest opinion, founded upon a practical and personal observation, is much more likely to be accurate, than one founded upon speculation and the observation of others. It is due to the professional man, who has treated a case, in other respects fairly and attentively, that a candid and favorable consideration should be given to the judgment which he may form of his duty during the progress of that case; otherwise no physician or surgeon would dare to undertake, or be safe in the performance of his undertaking. In a case otherwise doubtful, this consideration alone should preponderate in his favor.

"Upon the whole, gentlemen, we declare that to entitle the plaintiff to a verdict, you must be satisfied from this evidence, that the injury of which he complains, was not the natural result of the original accident, but was distinctly traceable to the mode of treatment pursued by the defendant; in the adoption and continuance of which, he did not apply that skill and care which men of ordinary intelligence and prudence, as physicians and surgeons, would have applied. Should this be your conviction, the plaintiff must recover such damages as will compensate him for the injury sustained, not exceeding the amount claimed. Should it be otherwise, or should you not be able to trace the cause of this injury, or your minds be unable to decide from the evidence whether the defendant has been in fault, according to the rule stated, your verdict should be for the defendant."

Superior Court of Cincinnati.

Charles M. Steele, by his next friend, Maria Steele, plaintiff, *against* R. S. Newton, defendant.

Action to recover damages for improper treatment of fracture as physician and surgeon.

Copy of the Verdict. — Tuesday, November 25, 1856. Court Room, No. 3, Hon. O. M. Spencer Judge.—And now come again the said parties and the said jury; and the said jury having heard the testimony, the arguments of counsel, and the charge of the Court, and having retired under the care of the Sheriff, to deliberate, return into court with their verdict in writing, signed by their foreman, and say: "We, the jury, find the issue joined for the defendant."—*Journal, page* 2152.

Copy of the Judgment.—November 7, 1856. Court Room, No. 3, Hon. O. M. Spencer, Judge.—"Therefore, it is considered by the Court, that the said defendant go hence without day, and recover of the said plaintiff his costs herein taxed."

The State of Ohio,
Hamilton County, } sct. *The Superior*
The City of Cincinnati, *Court of Cin'ti.*

I, Thomas Spooner, Clerk of the said court, do certify that the foregoing transcript contains a true copy of the verdict and judgment, rendered in said court at the November term, A. D. 1856, in the cause therein stated, as appears from the journal of said court in my office.

Witness my hand and the seal
{ L. S. } of said court, at Cincinnati, this
16th day of December, A. D. 1856.

Thos Spooner, *Clerk,*
Per E. P. Cranch, *Deputy.*

THE
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Part 1—Original Communications.

HISTORY OF THE ECLECTIC MEDICAL INSTITUTE OF CINCINNATI, AND ITS ETHICAL PECULIARITIES.*

BY PROF. G. W. L. BICKLEY, M. D.

CHAPTER II.

While we are all more or less capable of vigorous mental exertion, in some direction or other, very few of us are willing to undergo the rigid discipline which is necessary to render us masters of independent, self-reliant mental labor. Constitutional idiosyncracies seem to fetter the intellectual operations of some, while a general languor in the mental manifestations retard the individual intellection of others. Mankind, measured by intellectual tests, may be classified, in the same way that we classify other departments of natural history. Some brains, when functionally active, manifest what may be designated very appropriately as *acute* intellect. Yet, another class is so languid in its mental manifestations, that, in contra-distinction to the preceding class, we may call it the class of *obtuseness.*

The processes and capacities of intellection, in these classes, are essentially different; and it is not an insignificant theme for the philosopher to point out the natural field of the intellectual domain, which each, under normal circumstances, will consequently occupy. Did we neglect to investigate the differences thus presented, we should hardly be enabled to understand the apparent inconsistencies of human nature.

Those possessing acute intellects seize upon a single idea, or an isolated class of thought, and pursue it with great ardor; and were not the avenues through which it reaches life so very narrow, they would not only do credit to their organizations, but they would clearly develop the utmost capabilities of general and special problems. But, finding themselves surrounded by powerful opposition, and being destitute of the force necessary for successfully combatting that opposition in its multitudinous forms, they concentrate their entire power on one point, and like a desperate soldier when surrounded by his enemies, they boldly seize the keen-edged claymore of intense thought, and cut their way out from the midst of the opposition with which they had been surrounded. Wisely dreading a repetition of the same unequal combat, they perch themselves upon a single idea, and then audaciously attempt to ride rough-shod over every fact which assumes a similar ultimate direction as that on which they themselves are riding as a petted hobby. From this class of thinkers we get the monologic doctrines of such men as Preisnitz, or the equally ridiculous system of Hahnemann.

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*Entered according to Act of Congress, in the year one thousand eight hundred and fifty-six, by G. W. L. BICKLEY, in the Clerk's office of the District Court for the District of Ohio.

On the other hand, the obtuse or blunted intellects throw themseves lazily, yet fearlessly, on the main body of opposition, and, though incapable of making a vigorous onset, they are equally callous to the keen shafts of wit, sarcasm, satire, criticism, ridicule or argument. Like the stubborn lion, this class is destitute of fear; and, while calmly examining the approaches and subtle manouverings of their wary enemies, they treat with an utter contempt the mere idea that their ejection from their positions is by any means possible. The general languor of their perceptive faculties, and the inerasable implantation of such impressions as they may have received, together with their total want of intuitive discrimination, gives them a confidence in their abilities, at once ridiculous and amusing.

These are the extreme classes, between which and superior to each, is what may be appropriately termed the *eclectic* class; which, while it has not the intensity and insane peculiarities of the acute intellect, has a more vigorous perception of the relation of things. Those of this class perceive effects, and reason up to the causes; and, as they are retentive of impressions only as these are hammered in, to use a mechanical expression, by the tests of experience, their conclusions are usually more correct than those of either the acute or the obtuse classes. The well balanced reasoning and perceptive faculties of this class enable those composing it to occupy the vantage ground in any great struggle of philosophy against error. It is the inquisitive class; for, like a hungry shark, it seizes upon whatever presents itself to the mind, and boldly attempts its digestion and appropriation. It is from this class that our philosophy is purified by analysis. Genius springs more commonly from acute intellect, for though the talent of the genius may dazzle with its radiant splendor, it peers out from a dark mass of confusion—sanity and insanity are blended together so closely, that it is difficult to draw the line which separates one state from the other.

All the monologic idealisms, all the fanaticisms, all the radicalisms of the age, have sprung from the intense activity of acute intellect. These soon run their meteor race, and though glimmering for a while, dazzling, and radiating their splendor, they soon fade, to be remembered only in the figures of romance, as the psychical monstrosities of intellection. Like the lightning's flash which only illuminates to deepen the gloom by the contrast, these mono-ideaisms leave us in more darkness than they found us.

The obtuse intellect stands out surly and inapproachable—grum guardians of the old faith, ever ready to show front to innovators. Themselves unable to generate bold conceptions, or mark out new thoroughfares of thought, they hoard the wise sayings of the oldest sages with a love and adoration bordering on a feeling of sacred adoration. Confiding in their united loyalty to orthodoxy, they smile with indifference, or sneer with contempt, on the intense action of the mono-logicians with a grace that is positively admirable. Though the thunders and lightnings of radicalism may roll and flash around their gloomy citadel, and rock its embattlements to their very foundation; though the whirlwind of popular indignation or common exultation, may sweep over them with a tornado's force, yet, immovable as the solid rocks of Gibralter, they look up and smile in the face of the storm; they laugh at its terrors and defy its powers, while sheltered behind the well cemented walls of orthodoxy. Their motto is very peculiar, and worthy of that old Albion, King Calpetas—"What we do not know is not worth learning"—a perfect concentration of old fogyism. For the opinions of the venerable sages of the past, they have the utmost reverence; hence they say, "*De mortius nil nisi bonum.*"

There is, however, an umpire before which both the acute and the obtuse classes must stand in judgment. It is the court of truth. Upon its decisions hang the fate of systems, theories and philosophies. This beautiful test is the embodiment of rational eclecticism, whether of politics, religion or science. And he who devotes his life, services and substance, to the elimination of the truthful from all systems, is a benefactor to the race. No matter what the system or theory is, if it will not bear with impunity the tests of truth, it must, sooner or later, perish.

In politics, legitimate democracy is the eclectic idea, manifesting itself in the greatest good to the largest number. In theology, the Christian religion manifests its eclecticism in its love for fallen man. In science, the eclectic idea insinuates itself into all departments, separating the true from the untrue, the good from the bad, the valuable from the worthless. The man who engages as missionary of this idea, merits the plaudits of humanity. He deserves such a monument in the hearts of the people as shall lift his form high in the circles of truth and benevolent justice.

The pioneer in this department—this eclectic idea in medicine—was Wooster Beach, a man whose name will be handed down from age to age as one of Herculean courage in the great battle of medical reform. In a long succession of ages, an empiric science as medicine truly is, there must necessarily be a curious blending and admixture of truth and error. Truth may, indeed, be so enscoriated by error as to be difficult of detection, and for the proper separation and arranging of the elements of the science upon a truthful basis of clearly defined law, there is required the harmonious co-labor of many men, extending through a long period of years, or even ages.

He who first breaks the ice and scoria, and drinks from the pure fountain of truth the vitalizing wines, the true idea of philosophy, is entitled to much of the praise of the succeeding results, no matter by whom achieved. We give to Fitch and Fulton the credit of steam application, though neither ever conceived of the innumerable applications and uses to which it has, since their day, been applied by other laborers in that department of science. So, though Beach not only failed to develop all the simple laws of medical science, but often mingled his developed truths with more or less of error, we still ascribe to him the honor of founding the true Eclectic system of rational medicine in America. He is truly the founder of the system, whether viewed as a teacher or as an author, in both of which positions he is eminent. His great work on the American Eclectic Practice was the first to attract general attention, and to render a united effort for its rejection necessary. But the honesty and liberality, the research and scientific character of the work, enabled it to hold its position, in defiance of the ceaseless warfare waged against it. Even until the present time, it is held in prominent esteem by all Eclectics.

It was Beach who first established a college for teaching the eclectic idea of medicine, in the city of New York. And though now superannuated, that is no reason why he should not receive from all honest Eclectics the meed of praise justly due to his talents, industry, benevolence, and past service. Notwithstanding that impertinent youngsters, whose chins are not yet graced with the mark of manhood, have denounced him as an "old granny," &c., and sought to lay him aside in the shade of oblivion, the writer of this history will still honor him as the founder of Eclecticism in America. Dr. Beach has himself, through his various works, given the reasons which induced him to question the correctness of the orthodox practice of the schoolmen, as well as those which also induced him to launch out boldly into the vast field of legitimate medical inquiry, as an earnest seeker for the truths of medical science.

His first public labors, as a teacher of a new system, occurred as early as 1826, at which time the New York Reformed Medical College was founded. It is to be constantly borne in mind that between Beach and Thomson there was no connection. They were cotemporaneous laborers merely, and their views came in such violent conflict, that he was as fiercely attacked by the followers of Thomson, as by the advocates of mercury and the lancet. This will be proven in the course of the succeeding chapters. The fact is mentioned here, because many Allopathic teachers and practitioners now claim that between Beach and Thomson there was no variance of opinion, and that the American Eclectics are the lawful scions of Thomsonism, and who differ from the parent stock only in their superior educational attainments. Nothing can be more erroneous, and the writer holds himself ready to show that Eclecticism is as unlike Thomsonism as it is unlike Allopathy; or to show that there is as much similarity between the system of Thomson and that of the Allopathic schoolmen, as there is between Eclecticism and Thomsonism. It is admitted that Eclecticism has profited by the little truth contained in Thomsonism, and so it has by that of other systems in the same way.

While the credit for first opening up the Eclectic idea of medicine in America, is freely conceded to Dr. Beach, it must be borne in mind that he taught his principles of rational medicine under the name of the "Reformed" system. The embodiment of his views is embraced in his beautiful motto to the "Reformed Medical Journal"—"The science of medicine, like the Doric column, should stand simple, pure and majestic, having *fact* for its basis, *induction* for its pillar, and *truth* alone for its capital."

The designation of this system by the word ECLECTIC, originated with the late Prof. T. V. Morrow, who may be regarded as the founder and great pioneer of Eclecticism in the West. It would be a pleasant task to dilate upon the character of this noble man, whose memory will ever be held dear by the friends of liberal medicine. He was a native of Kentucky, where he was a student of medicine in 1826–7. But, having acquired some knowledge of Beach's opinions, he went to the city of New York to attend Beach's lectures in the Reformed Medical College. Here he first acquired those rudiments of true medical science which afterward enabled him not only to show up the errors of the old system, but which also enabled him to demonstrate the superior claims of Eclecticism. Soon after Morrow's arrival in New York, he was joined by I. G. Jones, of Ohio, who also drank in deeply the lessons of reformed medical science, as by Beach.

Morrow's superior talents, and markable qualifications, very soon a the attention of those connected w New York school, and in 1828 he v pointed to the chair of Obstetrics *alma mater*, the Reformed Medical of New York. At that early day, clearly foresaw that it was in the West, where the great American medicine was to take permanent ro ing upon this conviction, Dr. Beach a circular, and sent it to various p the West, the object being to elic information as would enable him t a judicious selection in locating formed Medical College."

The venerable Philander Chase Bishop of Ohio, had secured a un charter for an educational establ at Worthington, Ohio; and, as all partments were not full, the Truste to Dr. Beach, offering the use of th ter and edifice for a medical dep Beach immediately sent out Dr. J. J a reformed Allopathic physician accomplishments, to examine th and, if approved, to make the n arrangements for commencing the of the medical department. Dr. I. followed Steele, in 1830, Morrow ing a while in New York to comp arrangements necessary for a t course at Worthington. Dr. Steel ing dissatisfied, Morrow was sent in 1831, was inaugurated as Pre the medical department, on which he delivered a brief address, af published in the N. Y. Reformed Journal, page, 113, for 1832, whi erary, scientific, and reform merit ever stand unparalleled, as a mas by a master mind. Had Morr made another stroke with his pen say alone would have marked h man of giant intellect. Prof. Rid of the University of Louisiana, previously filled the chair of che the medical department, and who of its graduates, having resigned or '33, Prof. Paddock, of Kentucky, who had previously held a professorship in the literary department, now succeeded to the chair of Chemistry. Prof. Catley, the anatomist, who had been superceded by Prof. Bronson, now became a bitter enemy to the further advancement of the school, and adopted the most unwarrantable measures to effect its destruction. Prof. L. E. Jones and Prof. A. H. Baldridge entered the school as students in 1832, and continued to attend its courses until they graduated. Bronson having resigned the chair of Anatomy, he was succeeded by Prof. Mason; but the machinations of Catley were being seriously felt, and to procure material for the dissecting room became exceedingly difficult. Catley went to Delaware, a neighboring city, and inflamed the public mind, by the most horrible tales of resurrection, causing several suits for disinterment, and greatly exposing the Faculty and the corporation to mob violence. In a State where no legal provision has been made for anatomical material, nothing could have been devised more detrimental to the interests of the school, than exaggerated pictures of sepulchral robbery. Bronson, after resigning the chair of Anatomy, was appointed to that of surgery, but being a man of but little stability, he soon resigned that chair, and Prof. D. L. Terry was appointed in his place. Prof. I. G. Jones moved to Columbus, and finally withdrew from the school, and devoted himself to practice.

Morrow and his companions, however, hung on at Worthington until 1842, when, by the persuasions of Prof. Baldridge, who had located in Cincinnati in 1840, and also of Mr. Mills, now in New York, the Worthington organization was discontinued, and Morrow came to Cincinnati, and delivered his first course of lectures here in the winter of 1842–3, assisted by Profs. Carr and Baldridge. In 1843, Prof. L. E. Jones came to the city, and located as a practitioner, having been so engaged for the ten preceding years. Prof. Killbourn occupied a chair in Morrow's school in the winter of 1843–4, but barely finished his first course when he was hurried off by phthisis pulmonalis. The lectures were then delivered in the upper rooms of the "Hay Scales House," corner of Sixth and Vine streets, the accommodations being sufficient for the small class which then attended. This building is still standing, and certainly looks but little like a college edifice. The Faculty, in the spring of 1844, consisted of Profs. Morrow, Baldridge, L. E. Jones and Jordan. In the fall of 1844, Prof. B. L. Hill was appointed adjunct anatomist.

The school thus established by Morrow, in 1842, was known as the "*Reformed Medical School.*" The word *Eclectic* had not, up to this time, been applied to Beach's system of practice.

That the profession may judge of the legal and moral basis of the claim of origination of this Eclectic system of medicine, the writer begs to call attention to the following report of Mr. Eckley, of the Senate of Ohio, on the petition made for our charter, in February, 1845.

"SENATE, Tuesday, Feb. 25, 1845.

"MR. ECKLEY, from the standing committee on corporations, to whom was referred House bill No. 137, entitled an "Act to incorporate the Trustees of the Medical Institute of Cincinnati," to be located in the city of Cincinnati, together with the petitions and remonstrances on the same subject, having had the same under consideration, now respectfully reports,

"That, having given the subject a partial consideration, your committee feel a delicacy in interfering with a matter that seems to be the almost exclusive right of those who have the advantage of a Medical education; but a regard for the welfare of society, the advancement of science, and the benefits of mankind, compels your committee to forego the opinion, and, to some extent, prejudice of the world, against any innovation upon the established theories and preconceived opinions of right, that always have, and to be feared, always will exist.

"The bill proposes the incorporation of a Medical School, for the advancement of medical science, (a very desirable improvement,) and which all generous minds should be willing at once to further in its objects. But the innovation upon the system of practice generally taught, in medical institutions, as alleged by those opposed to the incorporation of said school, and the doctrines there propagated, to be at war with the most scientific system of the present day, has arrayed against it all adherents to the doctrines of those schools that teach that the science of medicine is perfect, and that the profession has arrived at a point beyond which human improvement cannot rise. Your committee are well aware that all improvements ever made were nothing more or less than innovations upon the then established order of things and the doctrines then regarded as orthodox. Indeed the whole science of medicine is composed of theories or doctrines, that, when discovered, so most perfectly overturned their predecessors, previously regarded as the perfection of science, as to call down upon their respective authors the opposition, and in many instances their persecution, from the very persons benefited by the discovery. The discovery of the circulation of the blood drove its author into obscurity, and almost want; the prevention of that scourge of the human family, the small-pox, by the mild agency of the vaccine matter, called down upon the head of its author similar consequences.

"This opposition, however, is not confined alone to the medical profession. In all arts and sciences, the same consequences have resulted to those who had the boldness to supplant error, to make room for the truth. When the magnificent project of finding in the next, a new world, was projected, a system of persecution was carried on against that great researcher into science, and benefactor of mankind, until he was compelled to beg his way from court to court, and seek, at the humble cottage, the necessary subsistence for his famishing child. But your committee deem it unnecessary to present any further examples of the uncharitable treatment of the world to those who were its greatest
factors; and your committee are for
the conclusion, that in the rapid pr
of arts and sciences, innovation upon
established dogmas has been the
landmarks of improvement. If, th
contended by the friends of this bi
system by them taught is an improv
in the science, it ought most assur
meet the approbation of every lover
provement in that branch of useful
ing. But on the other hand, the e
of this measure denounce it as a s
void of science, and tending to the
of the profession as it now exists.

"But the opposition stop not here
have resorted to that course most
meritorious measures, by connect
with something already obnoxious
jectionable, and misrepresenting b
character and objects of this Inst
and those connected with it.

"From this view of the facts, yo
mittee are led to disregard the
either for or against, and exam
themselves the merits of the syste
founders of that which is known
Reformed System of Medicine; leav
advantages arising from one syste
the other, to be decided by those wh
live in futurity—at a time when the
and evils of both are more fully de
The founder of this system was
Beach, of the city of New York; w
many years of study, toil and r
into the character of the ingredie
as remedial agents, ventured to
in the face of a prejudiced world, h
entitled "American Practice," whi
secured to the author the reputatio
of the first men of science of the ag
reputation of this purely America
was not confined alone to his own
but like the news of "a newly di
world," it flew across the broad
and obtained among the learned o
world, a reputation never before
to an American author; and, as a
nial of the regard entertained fo
the friends of science, the society
cians of the city of London voted

honorary member of their association; and the Executive of Great Britain presented him with a splendid gold prize medal. Similar demonstrations were made by the Kings of the French, of the Netherlands, of Saxony, of Prussia, and even by the Pope of Rome; and all these demonstrations were made upon the recommendations of their respective physicians, after mature deliberation and careful examination; among whom was the Baron Alibert, who, as a scientific medical scholar, but few men in either continent ever stood higher.

"But your committee deem it unnecessary to adduce any further evidence of the character and scientific attainments of Professor Beach; a character so disinterestedly awarded to him by the learned of the old world, as well as of our own country. The reform in the practice of medicine, as taught by the disciples of Beach, consists in substituting for those powerful medicines commonly called mineral or mercurial preparations, those remedial agents drawn entirely from the vegetable kingdom. In this contest the difference between this system and that one commonly known as "the regular practice of medicine," and, as your committee have already intimated, that futurity alone can determine the advantages and disadvantages of those great systems. Such is the history and character of the founder and author of the reform in the practice of medicine, and also the reform as claimed by its authors. For many years the Reformed Medical College of the city of New York has existed in a flourishing condition, where thousands have received their medical education, and are now engaged in a profitable and successful practice. An auxilliary to the New York School was afterwards established at Worthington, in the vicinity of this city, where for ten years it succeeded beyond the expectations of its most ardent friends, though at the great sacrifices of the medical gentlemen connected with it, and by the spirit and enterprise of the citizens of that village and vicinity. During the existence of this school there were in attendance from 30 to 50 students per session, and about 350 graduated and received their diplomas and have gone abroad into the world, and are now successfully engaged in the practice of the healing art, many of whom are citizens of our own State. Notwithstanding said school was under the authority of a charter granted by the Legislature of the State of Ohio, yet the great difficulty in so small a village of procuring suitable subjects for the necessary demonstrations in anatomy and surgery, induced the trustees and professors of said school to remove it to Cincinnati, where all the necessary advantages for such institutions could be easily obtained, and where, as soon as they could put their school into operation, they would ask of the Legislature of the State of Ohio, an Act to incorporate them in the said city of Cincinnati. Accordingly the professors removed to Cincinnati, and are now enjoying an enviable reputation, and rapidly extending the sphere of their acquaintances and usefulness; where, too, they have organized a medical school upon the principles of the Reformed system of practice, with a class of from twenty-five to thirty students, and a flattering prospect of a large increase whenever they shall possess the legislative privilege of granting diplomas. Your committee, therefore, after a full review of all the facts, cannot help expressing their entire confidence in the scientific character of said institution; and when an act of incorporation is prayed for by such a respectable number of petitioners, your committee are constrained to the belief, that if the report of the committee on Medical Colleges and Societies was agreed to, injustice would be done to the feelings of the petitioners, and a lasting obstruction be placed in the way of scientific improvement.

"And inasmuch as we are in the habit of incorporating every kind of association and society that makes application, and for all manner of purposes whatever, your committee are of opinion that when application is made by eleven hundred of the citizens of your State, and only opposed by about sixty, most of whom are physicians opposed to the system taught by said school, while a large portion of the petitioners reside in the vicinity of said school, and have seen and known the effects of the system as by them taught, among which petitioners are the Mayor and City Council of the city of Cincinnati, together with many of the first citizens of that city, their prayer ought of right to be granted, because it is a right guaranteed to every corporation that have given themselves a name, and made application to the Legislature to 'receive letters of incorporation;' and your committee believe that when an application is so made, it is the obligatory duty of the Legislature to give them their rights under the constitution so guaranteed; and your committee feel confident that the representatives of the people of this commonwealth will not fetter the enterprise of any of our citizens, and doom them to chains and dungeons for their improvements and discoveries, while the learned of the Old World, and the Executives of illiberal and monarchical governments, reward them for their discoveries, and confer upon them the degrees of honor, though citizens of a different and distant clime. In view, then, of the rights of the petitioners and the duty of the Legislature, and in view of the interests of science and the advancement of the medical profession, and the claims of justice, your committee recommend that the bill be passed to a third reading. All of which is respectfully submitted."

The reader will perceive that very strenuous efforts were made by the Allopathic physicians of Cincinnati, to prevent the passage of the act of incorporation. The history of the Eclectic Medical Institute commences with the passage of that bill, which was on the 10th of March, 1845. The Reform school, previous to this time, had been removed from the "Hay-scales" to Third street. The next chapter will open with the organization of the school, and an exposition of the evidence on which we base the claims of Morrow to be its founder.

REVIEW OF BUCHANAN'S
THROPOLOGY.

BY PROF. L. E. JONES, M D.

[CONTINUED.]

Aerial.—The writer has reach
other luminous spot in the deep anc
labyrinths of our philosophic autho
He says (see page 374):

> "The next region, passing outw
> the external and anterior aspect of
> is the rest higher grade of the
> kingdom, corresponding to birds,
> the warm-blooded, active temperan

Again he says (same page): "U
warm-blooded influence, he [man]
less, perceptive, unintellectual, vig

The writer is truly glad the phi
of our author is on the ascendan
glad to leave the whales and littl
loathsome reptiles, and the discu
their correspondence to man's shi
or behind, and ascend to the consi
of the resemblance discovered by
thor between man's leg and the ch
magpie, the lofty turkey cock,
soaring eagle. In this our learned
finds a beautiful analogy—a stri
semblance between an adjacent
man's shin and the entire feather
He says the *Aerial* strip (called so
because it aids him to ascend like
his lofty gymnastics) lies parallel
former organ (Aquatic), but ext
ther back or around toward the c
leg. Neither its length, breadt
hight, anatomical structure, functi
ical composition, &c., is given.
not say a particular muscle corre
birds, but a strip merely along the
or outer side of the shin.

It is unfortunate for the lovers
science, that time and press of bu
not permit our author to favor us
exact geography of this interesti
It is important that we should
precise boundaries, that we m
where the fish and reptile of m
nate, where the bird begins, and
to which it extends; that we m

where "Turbulence" and the "Mammalian," or *sheep*, of man's leg is to be found. To avoid confusion in the minds of young Anthropologists, the exact boundaries are indispensable. Had the author confined this organ of flight to a single muscle, and given its name, we should have known which was the *bird;* but as he has not, the mind of the reader is directed to a dozen different parts, and there left in a quandary as to which particular part is meant. Reader, examine the text. What does the author mean when he says, "the rest higher grade of the animal kingdom"? Does not this language include all animals above fish and reptiles? Certainly it does. The words "rest higher grade" must embrace all, even the mammalia, and his own words confirm this view of the subject, for he declares that this part of the leg (Aerial) corresponds with the "higher grade of the animal kingdom" and with animals "of the warm-blooded, active temperament." The terms *birds*, *warm-blooded* and *active temperament*, certainly embrace the entire list of the mammalia, as all are "*warm-blooded*" and of a "*higher grade*," and possess "*active temperaments*." They must, therefore, be included under the Aerial region, and his language admits of no other interpretation; and yet, his next organ, or the strip contiguous to the shin, is the "*Mammalian*," and he says it also corresponds with the class of mammalia; thus affirming, first, that both birds and quadrupeds correspond with his Aerial strip, and, second, that the mammalia alone correspond with the "Mammalian" strip. The author is doubtless correct: the Aerial strip does bear quite as strong a correspondence to cats and dogs, rats and mice, as it does to hens and chickens.

The grammatical acumen, literary taste, clearness of style, grace, elegance, and polish of diction, as well as the incontrovertible evidence of logic, displayed in this text, as in nearly every one in the entire work of this boasted and boasting elocutionist, are certainly richly deserving the scholar's scrutiny. These remarks have been prompted by the ridicule and scorn which the author has often awarded the efforts of others, while he has as often boasted of his own literary prowess and grammatical acumen. Search the volume, and see whether these things be so.

Another highly interesting item of the text reads thus: "Under the warm-blooded *influence* he is restless, perceptive, unintellectual, vigorous." Under what is he restless? Under what perceptive, unintellectual, vigorous? Does the author mean, when the application of birds and warm-blooded animals is made to any part of man, or to the Aerial region or shin, he becomes restless, perceptive, unintellectual, vigorous? Does he mean that any part of a bird, or the entire bird, when applied to any part of man, or when applied to the Aerial part alone, produces these phenomena? Or does he mean the application of the Aerial part of one man to that of another, or the application of that part to the body of another, effects these marvelous mental and physical changes? Must the agent be used locally or internally? and what is it, then, that excites restlessness, renders him more perceptive, destroys his intellect, but augments his capacity as a wrestler and swift runner? It requires something to produce something, and what is it that produces the sudden changes of which our author speaks? O! he tells us what it is: it is the "*warm-blooded influence*" that works these mighty and instantaneous revolutions in the activity, and perceptive and intellectual faculties of man. When, where, and how must these local dressings be applied? and if to be used internally, when exhibited? in what doses, and in what cases, in order to affect man's intellectual and physical powers as stated? Should the *thing* (not the bird or animal, but the "warm-blooded influence") be applied, or swallowed, hot or cold? Is *influence* a thing, or a mere ideal condition? Does it contain blood, or is it bloodless? How handle and how apply it? Or is it this strip along the shin that produces these mighty and momentary changes on the disposition, intellectual powers, and muscular energies of man? How are they aroused? by cold or hot appliances to the shin, or by mustard or blisters? And how shall the medical man and student know when this warm-blooded influence is affecting him, and whether it is *it*, or some other cause operating, as we constantly witness these varied conditions of which our author speaks, arising and subsiding according to the sickness or health of the individual, the impressions made upon his mind by the society and associations with which he is surrounded, and by the multiplicity of causes which are continually operating upon one or more of his fine senses, even though the shin be not the part impressed or acted upon at all? Will the learned author deign to illuminate the minds of his devoted followers, that they may see clearly the beauties of this mysterious *Eclecticism*, which he has been striving so long to enforce? His views are doubtless clear on this subject: may it be the case with others.

Weak man! Remember, that had it not been for the philanthropy and deep philosophy of our learned author, you never would have learned that a strip of your leg, along the outside of your shin, corresponds with the ostrich, carrion bird, and the feathered tribe generally, in all respects, save in the craw, the claws, the hooked bill, the wings and feathers.

MAMMALIAN.—The next of the subregions under that of "Animality," is the "Mammalian," which our author describes thus: "*The class of Mammalia corresponds with the internal and posterior surfaces*"—that is, with the inner edge or side of the shin and leg. The reader will bear in mind, that our author is now extracting deep and subtle scientific and philosophic truths from the *inside* of the shin, and not its outside, as in the preceding text. Had it not been for this magnificent revelation and contribution to science and philosophy, who would have believed that a narrow strip, on the inside of the leg of a man, extending from the knee to the ankle, corresponded with the rhinoceros, elephant, buffalo, tiger, catamount, ox, horse, hogs, dogs, cats, rats and mice—indeed, with the entire division of *mammalia*, or the warm-blooded
the animal kingdom? The auth
the identity of the "Aerial" with th
malian" by the conclusive evide
both correspond with "*the rest higl*
of the animal kingdom, corresp
birds, and of the warm-blooded, a
perament." The author then p
the text be true,) that precisely
class—yes, the self-same, identic
blooded animals, (mammalia,) c
alike and indiscriminately with b
of man's shin, (the one being th
and Aerial side, the other the Ma
and the writer has no desire to di
reasonable proof adduced by our
a like correspondence and identit
cases.

The author, in this case as in
ers, does not give the particular
strip of flesh which correspond
mammalia. It is to be regrette
did not give its length, breadth, d
boundaries, for if the sarcognom
manipulations upon Mammali
accidentally pass his fingers on
lence" the next and adjoining
mischief would certainly be to pa
mult and wild confusion might
interrupt the practical and profou
losophic experiment of our neuro
vestigator, and again bring into
the repose of the innocent organ
Should the sarcognomist, by mi
tend his hand to the "Aerial"
might excite the chattering of
turkey-cock to gobbling, the
screaming, and the owl to hoot
still, but little further along, lies t
tic" region of man, which the n
must avoid, or he will have t
spouting, the frog croaking, and t
ous reptile hissing. The young
ogist will perceive the danger
tiously extracting science from
rological organs, lest by over-ex
"Aquatic" animals and reptiles,
al," or birds of prey and pa
"Mammalian," the lion and
fearful conflict might arise. Sh
bulence," by accident, be arous

same time, what a fierce and dangerous contest might follow! Might it not endanger the entire group of neurological organs? Young and inexperienced anthropologists should be cautious how they make their passes and manipulations, in the prosecution of the study of sarcognomy—especially in the "Region of Animality" of the gentler gender, from whence, as will appear hereafter, the first of the genus derived his knowledge experimentally at the expense of suffering "Hate." This is anticipating the subject, and another digression.

To return to the text, our author informs us, (see page 374,) that "Under the Mammalian influence, he personates some quadruped, as the dog or horse; or under the various excitements, he may attain a state of being which he can not describe, and which corresponds to no animal within his knowledge."

O! beautiful and mysterious Anthropology! It converts man (not absolutely, it is presumed) into a dog, or horse, or some other quadruped; that is, it causes him to personate a dog—and how? by barking, howling, growling, gnawing a bone, or by killing sheep? It causes him to personate a horse—and how? by neighing, or by eating hay, corn and oats from a manger? How conclusive the proof! how striking the analogy! Would this great discovery ever have been made for the benefit of mankind, and for the cause of science, had it not been for our illustrious author, Ex-Prof. Joseph R. Buchanan? Who else would have seen the resemblance, the correspondence, that our author has discovered between a dog and a man, and a horse and a man?

But how is man made to personate a dog or a horse? By contact with him—by contact with the strip resting against the shin? Must the substance, the corporeal part of the quadruped be applied to man's body, or to man's shin, in order to compel him to personate an animal? O, no! it is the "Mammalian *influence*" that changes him to the dog or horse. An "*influence*"—how handle, how apply? how is it transferred to him, and how removed? An intangible something, a something not recognized by either of the five senses, converts man into the dog, or a beast of burden! O! shadow of a ghost, how mighty is thine "influence" in transforming intellectual man into a quadruped! How thankful ought we to be for the revelation of these brilliant mesmeric discoveries!

But we are not done with the text; it is pregnant, yea, big with meaning. Listen to our author. He informs us that "*under the various excitements, he may attain a state of being which he cannot describe, and which corresponds to no animal within his knowledge.*"

Reader, when I anticipated this part of the text, I know you thought I was joking. You did not believe, you had no faith in this beautiful and sublime science as explained by the writer; but if you examine the text, you will find its language sustains him in what you may have at first regarded as a high-wrought fancy. The writer has already informed you, that when the neurological experiments are incautiously made, and when the entire "Mammalia" of man's leg are aroused, great commotion and fierce consternation may be anticipated among the lions, tigers, bears and wolves; and should the manipulations or neurological passes extend to the "Aerial" of man, then noise and confusion might be expected among the entire feathered tribe of that region of man's leg; and again, should the operation extend still further, then the "Aquatic" would respond, when the whales, sharks, codfish, toads, lizards and reptiles, would awaken from their dormant state to feats of sport and aquatic grandeur. To all these add excited "Turbulence," the next and last of the animal of man's leg to be examined. Reader, picture to yourself the wild and boisterous tumult! the sublime grandeur of this indescribable scene! All animated nature at one and the same moment lashed into furious and phrensied madness by our Anthropologist! He has unduly excited the neurological organs of man's leg, and hence the tumult and wild confusion. If man attains an animal state, and knows he personates some or all of the classes, yet, from the compound of animals before his vision of fancy, and the compound of animal influences aroused and excited at the same time in his leg, is it strange that he should not know with which animal he corresponds, or that he, like the subject of *mania a potu*, should fancy himself an animal, and yet be in a state unlike any "animal within his knowledge."

CONCENTRATION OF MEDICINES.

BY PROF. G. W. L. BICKLEY, M. D.

The resins proper are very closely allied to the camphors, both in their composition and in their properties. They are distinguished from them by their involatility without decomposition, and by generally being capable of acting as acids. The various species of pine furnish resins which are, at first, combined with oil of turpentine, but separates on distillation. The resin thus obtained is compound, and contains what is termed the picric and sylvic acids. The resin of spruce fir is composed of two resins, one more and the other less soluble than the mixed resin, and both somewhat acid. Resins, as they exude from trees, and are used in commerce and in medicine, are mostly associated either with oils or gums, and not unfrequently with either benzoic or cinnomic acid, when we have, as the result of composition, balsams. In other cases, we find a number of resins associated, all insoluble in water; soluble in alcohol, ether, and the essential oils, and fusible. The examination of over sixty of these resins has shown they contain nearly the same relative quantity of carbon. The elements of these resins, as well as the resinoids, are carbon, hydrogen, and oxygen. The resinoids are not so easily obtained, nor are they so abundant as the resins. While the former exude spontaneously from trees, the resinoids are intimately connected with other principles. Like proper resins, they are fusible, soluble in alcohol, but not in water. Heat reduces them
readily to a liquid form. As usu
tained heretofore, the resinoids h
been freed from the coloring matte
class of resins, which are eminent
cinal, have been known to exist sin
ists first pushed their researches
field of organic chemistry, but it is
cently that their medicinal virtues
ceived the attention to which the
really entitles them. We do not th
all is yet known of these substanc
the demands of positive medicatio
This is true as regards their pha
cal preparation, and much more
spect to their therapeutic value.

We come next to notice the veg
kaloids, a portion of our labors h
teresting and important. The
that have been already discovered
numerous, and many of them h
been known in medicine; but to
and pharmaceutists of the prese
due the credit of discovering m
loids only lately introduced to the
the profession. Again, some wh
been long known, are now brough
as recent discoveries. There is
less honor attached to the discove
substances than some persons a
to admit; for though the proces
earlier chemists were incomplete
failed to bring out, in proper fo
kaloids which others of a later
succeeded in extracting, yet wer
ciples of extracting them know

Notwithstanding declarations
trary, these substances are fou
naturally in plants, and give to
positive medical value. They a
terized from other substances fo
vegetable by containing nitrog
forming well-marked neutral sa
strongest acids. It has been su
the alkali of plants depended
presence of nitrogen, the relativ
corresponding. We find in th
cinchona, three distinct alkalie
spectively as quinine, cinchoni
cine. These alkalies give rise
salts: sulphate of quinine, mu
nine, phosphate, tannate, ferro

quinine, &c.; sulphate of cinchonine, muriate of cinchonine, tannate, &c. From opium we obtain an alkaline principle, morphine, giving rise to numerous salts, generally well known in medicine: narcotine, codeine, thebaine, narceine, &c. Thus, from the same plant may be obtained several alkaline principles, more or less important in a pharmaceutic and therapeutic point of view. From strychnos we obtain strychnine and brucine, and their salts. In like manner, from other plants we derive veratine, sabadalline, jervine, emetine, colchicine, solanine, chelerythrine, chelidonine, aconitine, geranine, hydrastine, atropine, &c., &c. Of these and other alkaline principles, chemists thus far have been enabled to tell us very little, except that thus and so cannot be effected, such and such salts, though existing by analogy, can not be produced, &c. And even those who have pretended to work in this direction, to produce medical alkaloids, gravely tell us that such and such results cannot be obtained! Now the plain fact reduces itself to the admission that *they* can not obtain them. But in this age of discovery, no man is justified in saying this or that thing can not be done. Ten years ago, had one been asked whether news could be transmitted from Halifax to New York in less than two minutes, the probable answer would have been, No. Yet it is done. And now, because one chemist says a certain result can not be produced, it is not a sufficient reason why some other chemist may not accomplish it.

Whoever appreciates the value of positive medication, will also appreciate the value of the active principles of plants, as agents of cure. But our experience teaches us that simple, uncombined active principles, are not so valuable in the hands of the physician, as the combined active principles, concentrated and separated. To illustrate this, we have only to examine the cure of periodic fevers, by the principles of astringency, bitter-tonicity, stimulation, and an aroma. These principles, properly combined in any agent, act as an antidote to those fevers in which we use quinine, and we find quinine to possess them all. The ordinary process of obtaining quinine preserves this combination, merely concentrating the principles; but if we undertake to get out the separate principles of quinine, we destroy the proper combination, and, at the same time, the value of our remedial agent. When the medicinal principle is found in a single substance, then the more perfect the concentration the better. Many who have attempted to concentrate the vegetable medicines, seem to have lost sight of these facts, and hence, in many instances, have furnished concentrated preparations, often deprived of the more important medicinal principles. Hydrastis canadensis is an invaluable agent in the treatment of apthous sore mouth, yet hydrastin, the resinoid principle, for such a purpose, is valueless; but the hydrastis yields an alkaloid and a resinoid, which, when combined, though separated from all other principles, possesses the medicinal virtues of the hydrastis, in a concentrated form.

These considerations have been too much overlookod, we fear, by most persons who have engaged in the preparation of concentrated remedies. If the active medical property resides in an alkaloid, it is only necessary to separate this, in the best form, or if it resides in the resinoid alone, there is no necessity for encumbering the concentration with an inert substance. Very frequently, it is found that the resinoid possesses one property, while the alkaloid contains another; and, when combined, we obtain therapeutic results not easily obtained by either substance singly. The pharmaceutists of Keith's Laboratory, New York, by observing these principles, have obtained some most beautiful preparations, which act with great certainty and consistency in the system.

It is very certain that we have much to learn yet, respecting the chemical character of the agents employed in medicine, and until we learn their true constitution, we must be governed by experiment. Results thus obtained will enable us to speak more positively of agents, than where we are governed merely by some fascinating theory in forming our opinions. One who feels any interest in this particular department of science, can not but be struck with surprise, when he learns that we have as yet no work of note on organic chemistry to assist us in our experiments. The German and French chemists have not entirely neglected the subject, but have so condensed what they know, that we derive little or no advantage from their works. American and English chemists have turned this department of their researches in the direction of agriculture, which, though highly interesting and beneficial to man, does not do for medicine what all physicians must sincerely desire.

The advantages arising from a concentration of vegetable medicines, are too obvious to be questioned. We find the medicinal principles of plants combined with such a large proportion of inert or non-medical matter, that the administration of a proper quantity of the crude article, in the form of powder or in pill, is altogether impracticable. In preparing alcoholic extracts, we frequently destroy the medicinal principle, and get, instead, an apothemean compound, nearly or quite valueless. Infusions and tinctures are equally objectionable—the former on account of the large draughts necessary, and the latter in consequence of the stimulation incident to the administration of alcohol. Besides, tinctures do not always contain the real active principle—especially where this is not perfectly soluble in alcohol. The concentrated principles are so powerful, that no one can consistently object to the size of the dose. And yet their administration is in every way as safe as the crude article. Physicians have found no difficulty in the administration of morphia, and could not, were it concentrated tenfold. In place of the old-fashioned medicine cases and saddle-bags formerly used, which were inconvenient and burdensome, the physician can now carry fifty different kinds of medicine, and five hundred doses of each, in a small case, which is but little larger than an ordinary pocket-book, and may be slipped in a side pocket of his coat, without the slightest inconvenience. And in thus speaking, we do not mean to invade the province of Homœopathy, or have it understood that this reduction of doses depends upon the discoveries of the founder of that system. The reduction of which we speak has been brought about by the mere concentration of articles; for the *amount of medicine* prescribed is not materially lessened; and were a physician to undertake to carry as much medicine, in the crude state, as may be put up in one of the small cases to which we refer, he would be compelled to take with him, in making his calls, a cart, to haul his medicines!

But the greatest advantage to be derived from the use of the concentrated medicines, and the one most important and worthy of the attention of the profession, is the definiteness which it imparts to practice. By this means, the physician can know precisely how much of a medicine he is giving. To illustrate this, we beg to cite a few *facts*. Many medicinal plants collected in cold climates contain only a small portion of the active principles upon which the virtue of the plant depends, while the same plant, grown under the influence of a tropical sun, contains a large amount of the active principles. Now physicians can not tell, by the mere appearance of the dried plant, or parts of the plant, from what section it was derived, and hence do not know how much medicine they are positively giving. This accounts for the very contradictory statements which we see in medical books relative to the value and inconstancy of the action of plants. Again, there are other plants which require to be grown in a cold latitude where the seasons are short; for, in southern latitudes, the heat and drought of summer dissipates the active principles, unless the plants be gathered at a particular time. Now the concentration of the active properties avoids this uncertainty, and the physician is enabled to prescribe knowingly. The promptness and certainty of action thus induced is highly gratifying, and brings the art of prescribing much nearer to the conditions of a positive science. The only question which could be raised against this form of medicine is, are the manufactured articles pure? This must depend upon the integrity of the manufacturers. It was to insure the purity of the concentrated preparations that Keith's Laboratory was founded on its present basis. The writer has carefully examined the mode of preparing these medicines at that establishment, in New York, and thoroughly examined the preparations themselves, and is well satisfied that they are there got out in the purest form which is attainable with the present lights of chemistry. And we believe, also, that this is the general opinion of all who have used the medicines prepared at the above establishment.

Cincinnati, January, 1857.

CONGESTIVE CHILL.

BY R. C. SPRAGUE, M. D.

Congestive Chill, Malignant Intermittent, or, as it is popularly called, Sinking Chill, is one of the most formidable diseases known to the medical profession. It is truly what its various appellations purport, and which could scarcely be couched in more expressive terms. For *malignant congestion* of the thoracic and abdominal viscera, is always present, and indeed constitutes *the* disease, under whose blighting influence the system sinks, as fades the newly-plucked rose in mid-summer's day.

This disease seems to rage with most violence in the southern and western portions of the United States, yet it is by no means peculiar to those sections. Not the valetudinarian and invalid, but the stalwart, athletic and strong, need fear the ravages of this disease; for, like death, it seem "to love a shining mark."

Symptoms.—This disease is not unfrequently preceded by common intermittent fever, yet it often, with no special premonitory symptoms, attacks the farmer at his plow, or the mechanic in his shop. The attack is generally introduced by languor and debility, to which are soon added, sensations of cold, great oppression about the epigastrium, and great constriction of the skin and abdominal thoracic muscles. This constriction is often so great in the onset of the disease, as to make the patient feel as though he was about to "*collapse*." Though the patient feels intensely cold, he often desires cold water, which is no sooner swallowed than it is ejected, owing to the great irritability of the stomach. The breathing is slow and labored. The patient, upon whose countenance is depicted an expression of imminent danger, becomes restless, and anxiously gazes about as though searching for some means by which to stay the tide of life. The eyes and skin are not unfrequently jaundiced, thereby indicating one of the prominent causes of the struggle. The pupils, generally natural, are sometimes dilated or contracted, depending entirely on the condition of the brain. The tongue is sometimes coated brown, but generally presents a greyish-white middle with red tip and edges, indicating an excess of acid in an inflamed stomach. The pulse, rather slow and weak from the first, gradually declines in fullness and frequency, often entirely leaving the wrist. The extremities, which, to the patient, from the beginning, felt chilly, gradually become positively cold, often to an alarming extent. A cold, clammy sweat often exudes from a part or the entire surface. The finger nails become purple; the surface of the extremities assumes a purplish appearance, owing to the great torpidity of the circulation. After pressure of the fingers, a pale looking pit remains for a considerable length of time, further indicating the sluggishness of the circulation. Obstinate constipation or diarrhea generally obtains. When the latter is present, large quantities of sero-sanguineous fluid are frequently discharged. The nerves of common sensation, being already somewhat deranged in function, become so completely narcotized, by the influence of the cold, or more properly by the absence of heat, that brisk flagellation would scarcely be noticed by the patient. If the case terminate fatally, all the prominent symptoms increase in violence, until delirium or coma, and death, close the scene.

With little or no aid, re-action may sometimes be expected from the first attack. If so, it will be indicated by returning warmth to the extremities, returning sensation and pulse, abatement of the pain and oppression about the epigastrium, &c. Indeed, re-action comes up precisely as it does from the cold stage of the common intermittent, except that in this case the change always takes place more tardily. In congestive chill, the period of pyrexia is never in proportion to that of apyrexia, either as it regards length or violence. If the patient recovers from the first attack, he may expect another in twelve, twenty-four, or forty-eight hours. The symptoms of the second attack very closely assimilate those of the first, except that, owing to the great prostration of the system, they are more violent and dangerous. In this second revolution of the disease, a great majority, if not all unaided patients, who have survived the first attack, perish. But if the patient possess a large amount of vital stamina, and a little appropriate aid be rendered, re-action, though feeble, may again come up. If so, it will now appear that the amount of re-action is nearly in inverse ratio to the violence of the cold stage. If the patient have passed through the two revolutions of the disease, he may prepare for the third, which can not easily be averted by the healing art, and from which few cases of recovery are on valid record. It may be remarked that in all fatal cases, the patient dies in the cold stage.

Diagnosis.—There is, perhaps, but one disease with which the practitioner might be expected to confound congestive chill. I refer to Asiatic cholera. But the circumstances surrounding the case, as to whether epidemic cholera is raging or not, the location and diet, together with the spasmodic cramps, watery stools, &c., peculiar to cholera, and the periodicity of congestive chill, will generally be quite sufficient to enable the physician to discriminate readily and accurately between them. Yet, if they should be confounded, no great therapeutical disadvantage would be sustained, because the indications to be fulfilled in both are nearly the same.

Prognosis.—Under Allopathic or Homœopathic treatment, the prognosis is most unfavorable. Prof. Powell says: "I have never known one to recover in the old school practice." My observation fully sustains the remark, when the genuine Allopathic treatment is resorted to. Yet it is a fact, which certainly has not escaped the notice of the most superficial observer, that Allopathy is fast verging into Eclecticism. Hence, under *modern* Allopathic treatment, the fatality is somewhat less. Under *true* Eclectic treatment, the prognosis is very favorable. I have been very successful in the treatment of this disease; nor have I ever known a case to prove fatal in the hands of one who was guided by Eclectic pathology, and used *energetically*, Reform treatment.

Causes.—Under this head, the reader generally expects to find more speculation than established truth. But, since to "speculate" is lawful in a "free country," I claim the privilege of adding my views of the causes and pathology of this disease to the luminous list already on record. From the healthy adult are daily excreted about 40 ounces of perspiration, 35 ounces of urine, 8 ounces of bile, and 18 ounces of saliva, together with a considerable quantity of matter from the various small glands, etc., amounting in all to about 6½ or 7 pounds, all of which are more or less offensive and poisonous to the system. Now, suppose that, from a sudden change of temperature, excessive heat or cold, improper diet or clothing, or any other cause, all of these secretions were suddenly arrested or checked, what must be the consequence? Would not the circulating medium, in a few hours, become heavily charged with these noxious materials? If the function of the kidneys is suspended for twelve hours, the blood must contain nearly one pint of the proximate elements of urine. These elements, in themselves, must be deemed a potent dose, yet it must become doubly potent and poisonous, when to it we add the proportionate quantities of perspiration and bile. That such arrests of secretion and excretion do generally take place prior to severe attacks of disease, every practitioner knows. The anatomy of the human system most clearly shows that in the capillary circulation the blood comes almost directly in contact with the nervous system. Now, if it be charged with an undue amount of these irritating materials, would it not so irritate the nervous filaments, as by reflex action from the brain, to cause the capillaries to contract for the expulsion of the offending material? But, in their efforts to expel the noxious matter, of course the capillaries drive out the blood with which the poisonous matter is intimately connected. Hence I, by this philosophy, easily account for the great influx of blood upon the internal vessels, and the consequent chill, or cold stage, which precedes all intermittents. If, now, we suppose any of the previously mentioned exciting causes to be sufficiently powerful to thoroughly arrest a part or all of the secretions and excretions, then do we have a sufficient rational cause for congestive chill, without resorting to miasmata, malaria, electricity, or any other subterfuge, into which authors so frequently creep, when searching for a cause, about which they know but little. The febrile action, or re-action, subsequent to the chill, I consider to be nothing more nor less than a sanative process of nature—a concentration of the vital force to restore warmth to the system, and re-establish the secretions and excretions. Hence he who ignorantly arrests this effort of nature, by the lancet, or other "antiphlogistics," thereby subverting healthful re-action, and substituting relapse, or rather collapse, does most innocently commit manslaughter *scientifically*. But, as the pendulum, when let swing from one extremity of its arc, in seeking the center, is carried by its velocity to the other extremity, so the human system, when inordinately depressed, is prone to rise above that point at which secretions commence and go on steadily. Here the physician may exercise his skill in *guiding*, but not in *subduing* nature. Periodicity seems to be a fixed law of the human economy, instituted for wise purposes by Him who instituted the human system. We know of but few functions of the system which are not performed more or less periodically, and it is now generally admitted that periodicity pervades most, if not all, diseases. We observe the same law in health. The farmer labors, and is fatigued; he rests, and is invigorated. So the system, when charged with offensive matter, labors vigorously to effect its elimination; but its energies becoming exhausted, and the vital fluid, or "nervaura" if you please, spent, it relaxes its efforts, and awaits a fresh supply, when it again proceeds with its labor.

INDICATIONS.—These are simply to equalize the circulation, restore the natural temperature, and re-establish the secretions.

TREATMENT.—Under this head I might notice some of the *scientific tactics* of Allopathy, such as bleeding to get *up* a re-action, and bleeding to keep it *down;* giving mercury to *start* the secretions, and mercury to *check* them. But I forbear. The Reform treatment of this disease, as of all others, varies according to the circumstances of the case. While the Allopath prescribes according to the "formulæ" laid down in the "books," the *true* Reformer prescribes according to the dictates of reason, at the time, so as to meet every unfavorable symptom. I shall, therefore, not presume to give an invariable or infallible course of treatment, but simply the outlines of such a course as I have found generally indicated, and as has proved eminently successful in my practice.

Unless contra-indicated by some unusual circumstance, an emetic should be administered in the first stage. The pulverized lobelia inflata seed, given in two or three-grain doses, every ten minutes, accompanied with some stimulating astringent teas, such, for instance, as the hot infusion of Bayberry, Capsicum, &c., until free emesis follows, is perhaps one of the best emetics. By this I gain the double effect of freeing the stomach of any ingesta which may be present, and of relaxing the system, which is one of the best means of equalizing the circulation. At the same time, sinapisms, to which are added a small portion of capsicum annuum, should be applied, and the body surrounded with sacks of boiled corn, or some equivalent. From the commencement of the chill, brisk friction of the extremities should be kept up, rubbing them, if necessary, with hot vinegar, or brandy, and capsicum. If diarrhea be present, I give the following preparation:

℞ Tinc. opium,
Spts. turpentine,
Tinc. camphor,
Olive oil, aa. ʒij. M.

Dose, ʒj, given after every discharge until it is arrested.

Immediately after the action of the emetic, stimulating tonics should be heroically administered. I have found the following preparation very efficient:

℞ Sulphate of quinia, gr. xxiv,
Capsicum annuum, gr. vj. M.

Make into twelve powders, and give one every hour, but in extreme cases, give one every thirty minutes, until re-action is established; during which time, an infusion of Aristolochia serpentaria and Jamaica ginger may be freely drank. This infusion not only promotes diaphoresis and diuresis, but acts as an excellent stimulating tonic.

After reaction is fully established, it may be necessary to move the bowels by a mild cathartic. This indication is admirably fulfilled by the compound powder of senna and jalap.

Six hours previous to the next chill, the compound powder of quinine and capsicum, previously mentioned, should be administered almost as heroically as before, until after the period of danger is past; after which, great advantage will be derived from the alkaline bath, if properly used. But it must not be forgotten that, during the period of convalescence, a sudden exposure to cold may induce a relapse. Hence extreme care is positively necessary, during this important period. During convalescence, the patient should be sustained by nourishing diet, pure air, and mild, alterative tonics.

January, 1857.

RANULA.

BY PROF. R. S. NEWTON, M. D.

The literature on this disease is very abundant, though most of the important treatises on the subject are in foreign tongues, and of which but few have been translated into our language. It is quite true, however, that several excellent articles have appeared in English and American journals on it, yet, unfortunately, they have not been reprinted sufficiently to reach the general profession. Our works on surgery have been so limited in their descriptions of it, that very few practitioners regard it as, by any means, a serious disease. Yet, in surgical practice, it is often met with, and to call attention to its importance, I propose to describe the disease, and furnish the plan of treatment which I have found most successful.

Ranula is the name given to a tumor seated under the tongue at the opening of the Whartonian ducts. Its consistence is very various, ranging from the consistence of jelly to that of the firmness of muscular tissue. In its early stage of development, it occasions so little inconvenience that the medical man seldom sees it until the tumor has made considerable progress. It may occur at any period of life from infancy up to old age. Persons with scrofulous diathesis, or whose systems are in an anemic condition, are most liable to it, yet I have sometimes seen it in those in whom no scrofulous taint was to be detected, and whose physiological functions were in a state of activity. The first inconvenience resulting from the enlargement of the tumor is the difficulty of chewing. The power of speech is also sensibly affected.

The tumor may, and often does, attain a large size—in some cases filling a large part of the mouth, lifting the tongue, doubling it back, and protruding downward under the jaws. When it has attained a large size, it becomes painful, is apt to inflame, and may suppurate, producing a very fetid breath, and a constant druling of the saliva, the patient instinctively refusing to swallow it.

In other instances, its development is entirely downward, spreading under the jaw in front and on the sides of the neck, in which case it may be mistaken for some other disease, and is so often erroneously treated. Occasionally the tumor may enlarge to such an extent, as to almost or quite stop breathing, when, of course, an operation is imperatively demanded. If the tumor is encysted with a fluid, it may be punctured, and afford the patient immediate relief; if the contents are solid, then excision is to be relied on.

As to the real nature of Ranula, the profession has always been much divided, and I shall not enter into a lengthy examination of the various arguments which have been adduced by the partizans who have written upon the subject. The origination of the disease is in the Whartonian ducts, yet I am far from thinking that it is occasioned by a stoppage of the orifices of those ducts, as has been asserted by some very excellent writers, since we can easily observe for ourselves the continued flow of the normal secretion, especially if a little salt be placed on the tongue. The tumor is a cyst, and there is but little doubt that the microscope would develop the epithelium usually lining cystic tumors.

When once developed, excision, as well as cauterization, fails to effect a cure. In many instances they develop in a day or two after excision, and the cautery effects no more good than the knife. Seton wires, the shirt button of Duypuytren, and other similar means, fail in the great majority of cases. When these tumors are punctured, the relief can only be temporary, and setons passed through them often occasion intense inflammation.

The following cases will exhibit the treatment which I have found to be most successful:

Case I.—In the summer of 1854, J. T., of Harrison county, Ky., presented himself for treatment at Newton's Clinical Institute. Upon examination, I found a large ranular sac extending across the anterior base of the mouth, filling up the cavity even with the teeth, elevating the tongue, and pushing it back, so as to occasion much difficulty in both masticating and swallowing. The disease had been progressing nine months, though the general health was but little impaired. All the blood-vessels of the part were much engorged, and in a varicose condition. The constant pressure of the tumor upon the gums had caused considerable induration, which might have led the inexperienced surgeon into error of diagnosis.

I immediately punctured the sac with a sharp bistoury, when there was discharged by the sac about three drachms of a sero-mucous fluid. On the second day the sac had filled again, and was as troublesome as before. It was again punctured, and again discharged about three drachms of a glary fluid. I then injected the sac with a saturated solution of sesqui-carbonate of potash, and then filled the cavity with lint, so as to keep it distended, the object being to bring the caustic in contact with as large a surface as possible. This operation caused the patient much suffering; notwithstanding which, I repeated it on the third day, when the inflammation became so great, that I was compelled to desist; and for the next three days, I used the lint only. After the inflammation had been reduced, I resumed the injection for four days more. This established copious suppuration. I continued to use the injection, though greatly weakened. The distension by lint was also decreased, and the sac readily healed by granulation. The cure was effected in seventeen days, and has remained permanent until the present time.

Case II.—A. W., of Woodford county, Ky., was also treated at Newton's Clinical Institute, for a similar affection, except that it had assumed the malignant form, and was, of course, more complicated. In this case, the sac had filled with a fungous matter; the base of the mouth was uneven, and generally indurated; only a small soft place indicating the existence of the sac where not completely filled with the fungous matter. The disease had been progressing for a year, occasioning much pain. It was greatly inflamed when I first saw it.

Finding that the sesqui-carbonate of potash would not take hold of the fungous kindly, I was induced to substitute for it the sulphate of zinc, which I applied in the form of a saturated solution, injecting it into the cavities and small sacs after they had been punctured, and, as in the case of J. T., stuffed them with lint. As so much of the surface had to be acted on by the zinc, I was compelled to cover it over with lint to prevent its dilution by the saliva. This application and dressing was made five times on alternate days; at the end of which time, (ten days,) the patient was discharged cured, and, up to the present time, has had no return of the disease.

This form of ranula may be easily mistaken for cancer of the mouth, and no doubt many cases of it have been treated as such. It is a well known fact, that, under ordinary Allopathic treatment, this disease is seldom radically cured. Though I have treated many cases, I have not yet made a failure, and I am convinced that I have indicated the best treatment.

Cincinnati, January, 1857.

CLINICAL REPORTS.

NEWTON'S CLINICAL INSTITUTE,
Winter Session of 1856-7.

SERVICES OF PROFS. NEWTON & FREEMAN.

REPORTED BY PROF. Z. FREEMAN.

Case 429. Oct. 3.—Joseph Kensey, æt. 11. Opacity and ulceration of the cornea. About three years ago, he had the measles, which left his eyes weak and much inflamed. This condition of the eyes continued, in a slight degree, until one year ago, when the inflammation became so severe from a recent cold, that his eye became closed, and light intolerable. Gradually the inflammation passed nearly away, and now both corneæ are partially opaque, and a small ulcer, has appeared over the opacity. Vision is quite indistinct in both eyes, and small, prominent blood vessels run along the upper surface of the eyeball, and terminate in the opacities. Appetite good—has had the ague. There is in him a deficiency of vital stamina; his skin is pale, and he looks feeble and much debilitated; has been salivated. He is of the sanguine encephalic temperament.

Treatment.—℞ Tinc. belladonna, tinc, gelseminum, aa. ʒss, water ℥j. M. Apply as a collyrium three times a day. Use internally, ℞ Quinine gr. x, hydrastin gr. xx, gelsemin gr. iv. M. Make powders xx; take one three times a day. Avoid the use of coffee, and take plenty of exercise in the open air.

Oct. 7.—Some improvement in the condition of the eyes; the ulcers have nearly disappeared. Continue the treatment.

Nov. 18. — The ulcers have healed smoothly, the inflammation has nearly disappeared, and his general health has much improved. Continue the treatment, alternating, every three days, the use of the collyrium with the mild zinc ointment.

Case 430. Oct. 3.—Mary Roach, æt. 18. Scrofulous ophthalmia tarsi. Has been affected two years; is the sequel to measles. The symptoms of measles were not very prominent. The eyes have been in nearly the present condition ever since the measles disappeared. Her general health is not very good at present. The eyelids are much indurated at the edges, with slight tendency to purulent secretion from the lower lids. Has been using to the eyes, for the last few days, the mild zinc ointment, and internally, ℞ Prussiate iron gr. x, hydrastin gr. xxx. M. Make powders x; take one three times a day.

Oct. 7.—Eyes not so much inflamed. continue the treatment.

10.—Vision improved; less induration of the eyelids. Continue the treatment.

31.—Eyes well, but she now suffers from palpitation of the heart, some acidity of the stomach, nausea and sometimes vomiting in the morning; has a slight cough in the morning. Pulse 91, irregular; pain in the middle dorsal region; nausea after eating, appetite variable, bowels regular. First felt these symptoms about one year ago; commenced with a burning sensation in the gastric region.

Treatment.—℞ Podophyllin gr. v, leptandrin gr. xv. M. Make powders vj; take one three times a day. ℞ Hydrastin ʒss, ferri phos. ʒss. M. Make powders xx; take one three times a day.

Nov. 12.—Feels much improved; she thinks that she need not attend clinic any more.

Dec. 6.—Use mild expectorants; continue the tonic.

Dec. 25.—Entirely well.

Case 431. Oct. 7.—Annie O'Donnell, æt. 18. Bronchocele. Has been affected about six months. The swelling is very prominent anteriorly; both lobes and the isthmus of the thyroid gland are enlarged, presenting a wide spread appearance. There seems to be no inflammatory action in the tissues of the vicinity, yet the lower portion of the neck is considerably enlarged; the enlargement is soft, and of a cotton-like feel. General health rather feeble, skin pale, sanguine encephalic temperament.

Treatment.—℞ Iodine ointment. Apply night and morning. Take internally, ℞ Iod. potass. ʒj, comp. syrup stillingia ℥vj. M. Take ʒj three times a day.

Nov. 1.—Has improved much; the swelling is reduced, and her general health more vigorous. Continue the treatment.

Nov. 15.—Still improving; the thyroid enlargement somewhat more reduced. Continue the treatment and apply over the part, once in three days, a tight dressing of adhesive straps, allowing them to extend beyond the application of the ointment; (of course the ointment is to be applied only once in three days.)

Nov. 25.—Still improving; the gland is fast being reduced to its normal size. Continue the treatment. The pressure from the adhesive straps applied transversely and obliquely across the throat and gland, favors much the absorption of the enlargement. I sometimes use a compress under the straps. (F.)

Case 432. Oct. 7.—Mary Mason, æt. 30. Fistula in ano. Has been affected six months. Caused, as she supposes, by injuring the parts by a fall upon the pavement. This commenced as an abscess, and terminated in fistula. The external fistulous opening is about two inches from the verge of the anus, and presents a bulbous, granulated projection. The surrounding parts are constantly moist from discharge of pus from the opening. There is also some discharge of pus from the bowel. She thinks there has been a discharge of fetid gas from the bowel, through the fistulous opening. Around the fistulous opening, there is a callous mass about two inches in each diameter. She suffers some pain upon walking, and much upon sitting down. Was well previous to the above mentioned fall; but since then, and now, she is quite feeble.

Treatment—℞ Iod. potas. ʒj, water ℥iv. M. Take ʒj four times a day. Use the warm pediluvia at night. This treatment will assist in preparing the patient for the introduction of the ligature next clinic day.

Oct. 14.—Prof. Freeman attempted to pass a ligature through the fistulous opening into the bowel. Could not detect the internal opening either by the finger, probe, or by water injection through the fistula. The attempt caused her much pain. Postponed any further effort at passing the ligature on account of her advanced period of utero-gestation. The irritable condition of the part induced me to attempt to pass the ligature even in her peculiar condition, expecting by its use, and the application of the sesq. carb. potass., to relieve her from pain; also supposing that the internal opening was near the verge of the anus. But a persistence in attempting to pass the ligature might prove more severe than the circumstances would justify, and so I postponed the matter until some future time. Continue the palliative treatment.

Case 433. Oct. 10.—Mary Chambers. æt. 3. Dysentery. Has been affected ten days—passes much mucous and blood from the bowels. Has about eight such discharges, during twenty four hours, accompanied by pain. Drinks much water at night which produces nausea and vomiting. Appetite indifferent. Tongue coated white—night sweat—pulse 120 per minute.

Treatment.—℞ Neut. cordial ℥ij, tinc. opii comp. ℥ij, tinc. xanthox. frax. ℥j. M. Take ʒij. every two hours. Use alkaline bath once per day.

Oct. 14—Much improved; scarcely any pain; discharges less frequent. Continue the treatment.

Oct. 30.—Discharged cured of dysentery.

Dec. 26.—Again presented herself with a scrofulous eruption upon the scalp, which commenced about four months ago, as a small boil. This was located upon the left side of the forehead, at the verge of the hair, and extending backward among it. The boil opened and discharged pus freely, leaving an eruptive patch about three inches in diameter. The hair soon became matted with the secretion from the part, which, with its decomposition and absorption, continued to irritate the part, increasing its size and virulence, and producing a constitutional impression. A similar patch of eruptions developed itself upon the right side of the forehead, opposite the former, (not precisely an abscess,) and other similar eruptions also appeared upon different parts of the face. Some of them were considerably inflamed, and others only vesicular or pustular. Her general health otherwise seems good, excepting her appetite, which is indifferent. I can see none of the different and distinctive forms of tinea capitis present in this case, and therefore, from its history and the appearance of the child, I shall have to name it as above. There is slight enlargement of the cervical lymphatic glands, but this condition frequently arises from any irritation about the face and scalp.

Treatment.—Shave the hair completely from the affected parts, and wash them with castile soap water. Apply to the eruptions freely, aqua calcis, night and morning. Half an hour after its application, apply the mild zinc ointment. Use the alkaline bath once per day. Take internally, ℞ Iod. potass. ʒss, comp. syrup stillingia ℥iv. M. Take f℥ss three times a day. Avoid greasy diet.

Dec. 30.—Has not shaved the hair from the diseased parts, yet she has applied the medicine as directed, and the parts are less inflamed, and look much better. I insist upon having the hair shaved from the scalp at those affected parts, for it retains the acrid secretion, which continues to produce local and constitutional irritation.

Jan. 8.—No report.

Case 434. Oct. 14.—Mary Conner, æt. 44. Chronic irritation of the stomach and ague. Has been affected with the ague at intervals during the last five years. Has sometimes a severe paroxysm once a week, or in two weeks, and sometimes the paroxysm is very mild and quite obscure or masked. Her tongue is slightly coated white, with red edges; skin sallow; bowels costive; one dejection only in four days; urinary apparatus apparently not deranged; pain in the region of the lower lumbar vertebræ; yet no spinal irritation, no pain upon pressure upon the vertebral spines; sensation of weight and oppression in the precordia, also pain upon pressure; victuals do not cause uneasiness or pain in the stomach, skin dry, alternating at times with cold perspiration; feet cold all the time; pulse 90 per minute, soft and full.

Treatment.— Use the saline and spirit bath once a day, constantly. ℞. Podophyllin grs. ij, sanguinarin grs. iv, irisin grs. viij, ext. valerian q.s. M. Make pills viij; take one every night. Vesicate the precordial region with oil tiglii. Take ℞ hydrastin grs. ij three times a day.

Part 2—Progress of Medical Science

THE TREATMENT OF SCARLATINA ANGINOSA.

BY PYE H. CHAVASSE, F.R.C.S.

[The author of the present paper, read before the Birmingham Medico-Chirurgical Society, has had great experience of practice among children. The result of his treatment of scarlet fever has been so uniformly successful that he has not lost a single case for upwards of seven years. He says:]

The system I adopt, in a case of scarlet fever, is to keep the bed-room cool—I may say cold—and to have a thorough ventilation through it. I therefore throw open the windows, be it winter or summer, and have the curtains and valances of the bed removed. If it be winter time, I allow the patient to have one blanket and a sheet; if it be summer time, a sheet only to cover him. If the throat be not seriously affected, I merely order a narrow strip of flannel once round the throat. If the tonsils be much enlarged, I apply a barm and oatmeal poultice to the throat, changing it night and morning. I prescribe an acidulated infusion of roses mixture, that is to say, infusion of roses, with an excess of acid, made palatable with an additional quantity of syrup, to be taken every three or four hours. This is the only medicine I give. Where the child is old enough, I find roasted apples, mixed with raw sugar, very grateful to the patient.

Here let me pause, to advise my medical brethren always to make medicines for children pleasant. The administration of nauseous medicines to children oftentimes causes sickness, disgust, and irritation, which frequently do more harm than the medicine does good.

But to return to our subject: I avoid purgatives in scarlet fever. I never, on any account whatever, give a particle of opening medicine for the first ten days at least. It is my firm conviction, that the administration of purgatives in scarlet fever, is a fruitful source of dropsy, disease and death. When we take into consideration the sympathy that there is between the skin and mucous membranes, I think that we should pause before giving irritating medicines. The irritation of the purgatives on the mucous membrane may cause the poison of the skin disease to be driven internally to the kidneys, throat, pericardium, or brain. You may say, Do you not purge if the bowels be not opened for a week? I say emphatically, No!

Now with regard to food. If the infant be at the breast, keep him entirely to it. If he be weaned, and under two years old, give him milk and water, and cold water to drink. If he be older, give him toast and water, and plain water from the pump, as much as he choses; let it be quite cold, the colder the better. Weak black tea, or thin gruel, may be given, but caring little if he take nothing but cold water, unless he be an infant at the breast. Avoid broths and stimulants of every kind.

Now, you must warily watch for a change of temperature in the skin. As long as the skin is hot, the above plan I steadily follow: but the moment the skin of the patient becomes cool, which it will do probably in five or seven days, instantly close the window, and immediately put more clothes on the bed. But still do not purge.

You will find the acidulated infusion of roses most grateful to the little patient; it will abate the fever, it will cleanse his tongue, it will clear his throat of mucus, it will, as soon as the fever is abated, give him an appetite. I believe, too, the acid treatment has some peculiar properties of neutralizing the scarlatina poison. I do not pretend to explain how, or why, or wherefore.

When the appetite returns, you may consider the patient to be safe. The diet must now be gradually improved. Bread and butter, milk and water, and arrow-root made with equal parts of milk and water, may be given for the first two or three days. Then a little batter or rice pudding may be added; and, in a few days afterward, a little chicken, or a mutton chop.

Within the last few years, I have had some fearful cases of scarlet fever; but, relying on this plan of treatment, I have given, even in very bad cases, a favorable prognosis. I have had cases where there have been violent headache and delirium: where there have been immense swellings of the parotid and submaxillary glands; where there have been enormous enlargement and ulceration of the tonsils; where a great portion of the fluid that has been taken by the mouth has escaped down the nostrils; where there has been a purulent discharge down the nose, which discharge has in many instances quite excoriated the skin over which it has traveled—and yet, in such cases, the patients have invariably recovered.

There is another important regulation I lay great stress upon: I never allow a scarlet fever patient, even if the attack be mild, to leave the house under a month in the summer, and then not if the wind be in the east or north-east; nor under six weeks in the winter. During the last seven years, I have never had anasarca from scarlatina, and I attribute it entirely to the plan I have just recommended, and in not allowing my patients to leave the house under a month—until, in fact, the skin that is peeled off has been renewed. Dr. Watson, in his valuable lectures, gives some excellent advice on this subject. From the sixteenth to the thirtieth day, I watch the case assiduously, to assure myself that there be no dropsical approach, carefully examining the urine, ascertaining that there be plenty of it, and that it be not albuminous.

Let me now sum up the plan I adopt:

1. Thorough ventilation, a cool room, and scant clothes on bed, for the first five or seven days.
2. A change of temperature of skin to be carefully regarded. As soon as the skin is cool, closing the windows, and putting additional clothes on the bed.
3. Infusion of roses, with an excess of acid, sweetened, the only medicine to be given.
4. Purgatives to be rigorously avoided, for the first ten days at least, and even afterward, unless there be absolute necessity.
5. Leeches, blisters, emetics, and cold and tepid spongings, inadmissible in scarlet fever.
6. A strict antiphlogistic diet for the first week, during which time cold water to be given *ad libitum*.
7. The patient not to leave the house in the summer under the month; in the winter, under six weeks.

My firm conviction is, that purgatives, emetics, and blisters, by depressing the patient, sometimes cause scarlatina angina to degenerate into scarlatina maligna; for although I have had numerous cases of scarlatina anginosa (my practice being much among children), and some of the cases very severe ones, I have never had, since I have adopted my present plan of treatment, one single case of scarlatina maligna. I have such faith in my present plan of treatment, that if it be duly followed out, I should seldom despair of even the worst of cases recovering.—*Assoc. Med. Journal.*

* * *

DISEASES OF THE NECK OF THE UTERUS.

MM. Trousseau and Aran have already employed glycerine, but with little satisfaction, in uterine affections. M. Demarquay, however, has found it useful in simple or granular ulceration of the cervix. When the ulceration has been chronic, or when the cervix was rather enlarged and tumefied, caustic applications were also made. Glycerine was then applied by means of wadding; after the separation of the eschar, the secretions, commonly so abundant and fetid, were remarkably moderate in quantity.

In vaginitis, also, glycerine has been applied: but here, as in diseases of the cervix uteri, nothing conclusive can as yet be arrived at regarding its efficacy.

The editor of the *Med. Times and Gaz.* states (April 22, 1856,) that he has lately had an opportunity of watching a trial of the remedy by Mr. Skey, in St. Bartholomew's Hospital. The first few cases in which it was resorted to appeared greatly benefited, and Mr. Skey was induced, by their result, to direct its general use. His final conclusion, however, as stated in clinical remarks, has been, that the remedy possesses no peculiar virtues whatever. A considerable number of sores heal rapidly during its use, as, indeed, they would do, under that of any non-irritating application which would exclude the air and prevent drying; in those, however, which have assumed an unhealthy state, and which resist the influence of other like remedies, it effects nothing whatever. A smaller series of trials by Mr. Hutchinson on patients at the Metropolitan Free Hospital, have led him to the same conclusion with Mr. Skey. Unhealthy sores dressed with it for periods of three weeks have remained precisely *in statu quo.* It is an agreeable application, causes no smarting, excludes the air, keeps the sore moist, and does not adhere to its edges; but beyond these it appears to possess no recommendations. While more expensive, it seems little, if at all, superior to olive or almond oil. It may seem difficult to reconcile the great discrepancy between foreign and English experience which these conclusions show. It might, perhaps, scarcely be deemed fair to insinuate, that on the Continent the employment of dressings which simply exclude air, and are themselves non-irritating, is not so well understood as among ourselves, and that, consequently, credit has been given to a single remedy which belongs rather to the whole class. Such, however, we suspect is, to some extent, the case. In one case, recorded by M. Petel, the source of fallacy is transparent. A woman came under his care for phagedænic stomatitis. Glycerine was applied, and *chlorate of potash given.* A very rapid cure, of course, occurred. The narration reminds one of Voltaire's assertion, that he could easily kill a flock of sheep by spells of witchcraft, provided, at the same time, he might mix a little arsenic with their food.

RESULT OF THE QUANTITATIVE AND QUALITATIVE ANALYSIS OF HOMŒOPATHIC MEDICAL PREPARATIONS.

BY EDWARD H. PARKER, M. D.

During the last two years my attention has been repeatedly called to the drugs used by gentlemen professing to practice medicine "homœopathically." In consequence of my observations I determined, as opportunity offered, to obtain specimens of the remedies actually used by these practitioners, and sold by various pharmaceutists, and to submit them to an experienced chemist for analysis. This has been done in three instances with the following results:

The first analysis was made of the contents of two vials, marked respectively *Mercurius Solubilis*, and *Arsenicum.* This is their history:

A gentleman with whom I had become acquainted in some business connections, often talked to me of his health, and of the treatment to which he was subjected by a prominent homœopath of this city. Among other powders, he showed me some which he was taking, and which I was sure contained a notable quantity of nitrate of silver. He also praised the treatment to which his child was submitted when it had diarrhœa from teething, or other cause. A gray powder and a white one were given alternately, and the child liked to take them. His wife kept them constantly by her, and if the child had a discharge from the bowels which she thought was a little too loose, she would give her a few doses of these powders. She thought, however, that the blackish powder (*merc. solub.*) did the most good. My friend constantly urged me to try them, for, I think that because I did not rail at homœopathy, but spoke of its practitioners as I would of other gentlemen, he had some hopes of converting me to his faith, than which I can conceive of no more preposterous supposition. Finally I requested him to procure me some of the same powders he was using for his child. This he did, and I placed them in the hands of Dr. Arthur Du Berceau, of this city, who is a skillful analytical chemist. This is his report:

One hundred parts of white powder, marked *Arsenicum Alb.*, contians 1.112 of *Arsenious Acid.* The remainder is *cane* sugar. The Second, marked *Solubilis Mercury*, contains in one hundred parts 11.00 of *Metallic Mercury.* The remainder is *cane* sugar. The mercury was in the condition of black oxyd, obtained by the reaction of proto-nitrate of mercury and ammonia.

The mother, when told of the amount of mercury and arsenic which she had been giving to the child, was horrified, and has since used them less indiscriminately.

At my request the same friend purchased for me a case of medicines of a homœopathic druggist. It is like those which he ordinarily sells for family use. This I also placed in the hands of Dr. Du Berceau, and he obtained the following results.

In the bottle marked Calc. Carb., 100 parts of powder contain 1.066 Carbonate of lime.

In the bottle marked Carb. Vegetabilis, 100 parts of powder contain 0.500 fine Charcoal.

In the bottle marked Arsen. Alb., 100 parts of powder contain 1.120 Arsenious Acid.

In the bottle marked Mercur. Solub., 100 parts of powder contain 1.350 Metallic Mercury.

In the bottle marked Hepar. Sulph., 100 parts of powder contain 0.900 Sulphur.

In the bottle marked Stibium, 100 parts of powder contain 0.500 Oxyd of Antimony.

In the bottle marked Sulphur, 100 parts solution contain 0.100 Sulphur.

In the bottle marked Phosphorus, 100 parts solution contain 0.430 Phosphorus.

The fluid contents of the vials in the case, with the exception of the last two in the preceding list, were not examined, partly because I wished to preserve them to satisfy the minds of those who might desire to see for themselves, and partly because it is so difficult to do anything more than to ascertain the quantity of solid matter which remains after evaporation of the menstruum. The qualitative analysis of organic substances is well known to be one of the most difficult and uncertain of the operations of the chemist. The sugar in these powders was that obtained from milk.

It will be observed that in this instance the arsenic and soluble mercury are the strongest preparations, though the latter does not compare in its amount of metallic mercury with the proportion found in the first analysis. These two remedies seem to be great favorites with homœopaths, being frequently prescribed by them. Why this is we now understand. * * *

It may be asked how it is that such an abandonment of "potentization" should have occurred among homœopathists themselves, for these drugs came from their pharmaceutists, from the shops patronized by all the prominent men of that school in this city. The question can be answered only by referring to the position which they now occupy. If these gentlemen are shown such proofs of the strength of these preparations as these analyses afford, or such as the very appearance of their tinctures gives, they will not for a moment deny that we are correct, or that there is anything in this which is is inconsistent with homœopathy. They will say that they are *homœopathists*, but they are not *Hahnemannists*. O no! not they. How could one be so stupid as to make such a blunder. They believe in the doctrine, *similia similibus* *curantur*, but they do not find that potentization as taught by Hahnemann is borne out by experience. To be sure, this is no more than the whole medical profession has been saying ever since the absurd doctrine was propounded, and it is no more than common sense teaches; but if one suggests this to them, and congratulates them on their returning senses, he gets very little thanks for his trouble. The fact, however, of this entire change of position should be more generally known and appreciated by the profession than it is, so that we may not waste time in assailing a position which has been entirely abandoned. It is safe to attribute any supposed effect of a decillionth of a grain of charcoal to imagination, but it is not quite safe to attribute to the same influence the effects of five drops of saturated tincture of aconite. Under these circumstances it might happen that a homœopath and a physician would both treat a patient in the same way, their only difference being in their process of reasoning. Both give quinine in intermittent fever; the homœopath because, as he alleges, it will produce in a healthy person similar symptoms; the physician for the reason that he knows it usually cures the disease! not, as is slanderously reported, because he believes it will produce symptoms unlike intermittent fever. He is no *allo*path. It did in fact happen to a friend of mine to be asked to see a patient who was under the care of a homœopath, not in consultation with him, but because he was desired to give his opinion whether or not it was safe to trust the patient longer under the treatment. The disease was typhoid fever, and he found Spiritus Mindereri and all the usual remedies in ordinary doses, the patient doing very well. He could not but say to the attendant, "if this is homœopathy I am a homœopath." To be sure the physician may write a prescription for *cinchona*, and the homœopath may write one for *china;* or the one for *hydrargiri oxidi nigri*, and the other for *merc. solub.;* one for *antimony*, and the other for *stibium*, but both mean the same thing, and the patient will receive the same drug.

It is a question of practical interest to the profession to ascertain what there is of good, if any, in homœopathy. Almost every "new school" enables us to gain some profitable suggestions, which repay the labor of sifting them out of a large mass of chaff. The Hahnemannists have tried experiments in the treatment of diseases with nothing, which we should not have been justified in making, and they have thus taught us something in the natural history of disease. In their progress from infinitesimals to large doses, it has been necessary for them to conceal the change in their medicines, and therefore they have studied the art of giving medicines in the most agreeable, or in the least offensive form, and in this respect we can learn something from homœopathy. The old school of practitioners, who, when called to a patient's house, seemed to make it their first duty to fill it with eight-ounce vials, have not entirely passed away, neither have their abominably tasting compounds entirely disappeared. Their big bottles, their table spoonful doses, their nauseous mixtures, have driven and still do drive family after family to homœopaths, simply because it is not human nature to desire to drink such a mixture as tincture of aloes and assafœtida with castor oil and turpentine in equal parts, a wine glass full at a time, if almost tasteless water or sweet powder will accomplish the same good. To doctors, even, when they fall sick, an agreeable draught is preferable to one the very thought of which stirs them to their lowest depths.

It is not necessary to point out the mode in which concentrated tinctures can be made to supply the place of less powerful preparations. Neither is it necessary to do more than hint at the desirableness of giving small doses often; rather than a single large draught. A few drops of aconite tincture, in water, is vastly pleasanter than even spiritus mindereri or sweet spirits of nitre. The dose of Norwood's veratrum viride is much pleasanter than infusion or even tincture of digitalis.

But the lesson is more profitable with reference to powders. For adults, solid substances can usually be given in pill form, but there is no necessity of rolling them in powdered aloes. To this day I can not rid myself of the remembrance of the disgust with which I used to swallow the pills so coated, and with difficulty convince myself that the druggists now use only liquorice or more tasteless powders. Still for these pills we need not select the most bulky drugs. The active principles of plants, when isolated, aid us in diminishing our pills, and will still more when their powers and properties are fully tested.

Children, however, do not readily swallow pills, and agreeable powders are often a great desideratum in treating them. A child's life may depend upon his taking remedies willingly and without compulsion. Thorough trituration of the drug with sugar seems to accomplish this best, especially if, when it is practicable, the doses are divided, but repeated oftener. The homœopathic dispensatories direct that powders should be placed upon the tongue and allowed to dissolve, when they are to be washed down with a good draught of water. There is some philosophy in this, for the dissolving sugar first gives the impression to the nerves of taste, and the water washes down the balance almost untasted. In the minds of children, moreover, the first taste seems to be associated with the fact of taking the powder, while the second and more disagreeable one is not remembered against the dosing. To avail one's self of this fact, it is necessary that the sugar should be reduced to an impalpable powder; otherwise the end is not obtained. If, for instance, ordinary crushed or granulated sugar is used, it will be found that it is not an actual powder, but a mass of more or less complete crystals. On mixing a powder with these it either falls to the bottom, or clinging to the crystals, coats them over. In this condition the sugar is less readily dissolved than when in powder, and in addition, each crystal is covered on its outside with the drug, which is first dissolved, and gives its taste to the whole mass. Here, then, is the advantage, and the only one of the triturations recommended by Hahnemann. —*Amer. Med. Monthly, N. Y.*

EFFECTS OF TEMPERATURE ON MAN.

Owing mainly to the flexibility of his constitution, although obtaining much artificial aid, man can subsist under the greatest climatic extremes. The Esquimaux endure the cold between the parallels of seventy and eighty degrees; the African Negroes subsist under the burning sun of the Equator; while Europeans, accustomed to an intermediate temperature, have borne the rigor of the highest accessible latitude, and the fiercest heat of the Torrid zone.

The power of the human frame to resist cold, according to Sir John Ross, who experienced four successive Arctic winters, appears to vary remarkably in different constitutions. His general conclusion is, that the ruddy, elastic, florid, or clear-complexioned man, endowed with what physicians call the sanguine temperament, has a peculiar power of retaining heat; while those having pale, flabby, sallow countenances, whose temperament is said to be phlegmatic or melancholic, are proportionately deficient. The most ample clothing will not compensate for the deficiency, since it can only retain the internal heat, and if this be wanting, one might as well attempt to warm a piece of ice by means of a blanket. He places his chief reliance on abundance of food; and it is well known that the Esquimaux take as much as ten or twelve pounds' weight of animal food in twenty-four hours, its effect being hightened by the fat and oleaginous quality of their diet. The oxygen which is inhaled with atmospheric air combines chemically with the carbon of the food, and that chemical action is the cause of heat and vital force. Therefore, a much larger supply of animal food, which contains many more times more carbon than vegetables, is necessary in a cold climate; while, amid torrid heat, rice and fruit form a more appropriate diet.—*Exchange.*

CASES OF FRACTURE.

BY F. H. HAMILTON, M. D., BUFFALO, N. Y.

FRACTURES OF THE FEMUR—UPPER THIRD. NECK.

CASE I.—*Simple fracture. Result imperfect.*

James Barry, æt. 52. Simple fracture of the femur through the neck. Drs. Morris and Lewis in attendance. They used a straight splint three weeks, and then permitted him to go about on crutches.

I examined the limb three months after the accident occurred, and found it shortened one inch and a half.

CASE II.—*Simple fracture. Result imperfect.*

Dec. 12, 1850, Thomas Kellogg, æt. 77, of Bloomfield, N. Y., fell through the hold of a steamer, at Buffalo, striking partly upon the right trocanter, and bruising also other parts of his body severely.

Dr. Wilcox was called, and on the following day, Dr. Camp, by request of Dr. Wilcox, was added to the counsel. They noticed that the flesh and skin were bruised over the right trocanter, and apprehended a fracture of the neck of the femur, but after a very careful examination they could not discover any satisfactory evidence of such a fracture. The limb was not shortened, nor were the toes turned either outward or inward, unnaturally; but whenever attempts were made to flex the limb it was very painful, and the limb moved spasmodically.

After about two weeks Dr. Wilcox discovered that the limb was shortened. Dr. Camp had seen the patient three or four times with Dr. Wilcox, and neither of these gentlemen found any shortening until now. A straight splint was immediately applied, with extension and counter-extension.

From that time until the period of my examination, about six months after the accident, it continued to shorten. He could notice a marked difference during the last month. Dr. Wilcox was present with me at this examination. The limb measured just three inches less in length than the other; the motions at the joint, or at the seat of fracture, were tolerable free; his toes were neither inclined outward nor inward, unnaturally. The trocanter was not much flattened, and seemed to move on a long radius when the thigh was rotated. He used crutches, and bore no weight on the limb in walking. The thigh seemed to give way, or "spring," when he settled his body upon the limb.

Mr. Kellogg sued the owners of the vessel for damages, but was nonsuited on the ground of some technical irregularity in the proceedings.

CASE III.—*Simple Fracture, result imperfect*

Eddy, of Potter's Corners, Erie Co., N. Y., æt 78, fell, July 28, 1847, striking on the trocanter major. He fell about four feet.

Dr. Nott in attendance. Dr. Nott laid his limb over a double inclined plane.

I was requested to see him in consultation, thirty-six hours after the accident. The leg was everted, and any attempts to rotate it in the opposite direction, were very painful. I could not detect crepitus. The trocanter was carried upward and backward, and the limb shortened one inch.

I recommended a continuance of the treatment for the present. Subsequently a straight splint was employed, but only for a short time.

I have never seen Mr. Eddy since, but I have learned from Dr. Nott, that he was able to get upon crutches in about eight weeks, and that during the four or five years in which he continued to reside in this country, he used a cane, and walked with a manifest halt. Precisely how much the limb was shortened he was unable to say, yet he knew it was shortened.

CASE IV.—*Simple fracture, result imperfect.*

Mrs. Jane Stewart, of Buffalo, æt. 73, fell July 4th, 1847, while descending a flight of steps, striking upon the trocanter major of the right side.

Dr. Bryant Burwell in attendance. Dr. Burwell requested me to see Mrs. S. on the twenty-ninth day after the accident. No splint had been applied. The limb was shortened half an inch. The leg was everted, but could be easily rotated inward. No crepitus. The principal pain which she suffered was below the trocanter major. The whole limb was œdematous. She had also incontinence of urine. Dr. B. had been obliged to give her opium freely to alleviate her pains.

No change in the treatment was recommended.

During the first three or four months she was unable to lie down, and for about one year she was unable to walk. From this time she gradually recovered her health and strength, and walked with considerable ease, but with a halt. She survived the accident five years, her death having no connection with this injury. The limb was never measured after I saw her.

CASE V.—*Simple fracture, Result imperfect.*

Mrs. Wright, a German woman, living in Buffalo, æt. 66, broke the right femur through its neck, by a fall upon the ice, Jan. 25, 1850. She was admitted to the hospital on the same day.

I could not detect any crepitus, nor was there any shortening of the limb, the toes were turned out so as to lie flat upon the bed. We suspected a fracture of the neck of the femur. The patient was laid in bed upon her back, and pillows were placed under her knees.

Feb. 1. We found the leg shortened, and we laid it over a double inclined plane. On the 10th of February she had bed sores, and the splint was removed, the limb being placed again over pillows.

This treatment was continued until the 28th of Feb., when she left the hospital, and I have not seen her since. Shortly before she left we found the thigh shortened half an inch.

CASE VI.—*Simple fracture, result imperfect.*

Mrs. Catherine Brenoe, æt. 50, broke her right thigh through its neck, either in February or March, of 1852. She was standing upon a box, three feet high, when she fell, striking upon her right hip.

Dr. Hill was called. She was laid upon a bed, but no splints were applied.

July 20, 1855, she was admitted to the Buffalo Hospital of the Sisters of Charity. Dr. Winne's service.

Oct. 1, 1853, I found this woman in my ward. During all of my previous service, she had been in a private ward, and my attention had not been called to her. She had had no surgical treatment beyond confinement in bed, and this, I understand, was voluntary. Her thigh was shortened one inch and a half, and rotated outward. The trocanter major rotated on a very short axis. There was also a kind of klick, or crepitus, at this point. It hurt her very much to abduct the thigh.

I directed that she should be got out of bed into a chair. This, with great labor, was soon accomplished; but after a few months I found her again lying in bed, and I could never again persuade her to get up. There was no necessity for this, I think, beyond her own strong disinclination to do otherwise.

Nov. 1, 1856, nearly five years after the accident, she still occupies the same bed, yet her health is tolerably good, and no sufficient reason exists why she should not walk about or sit up.

CASE VII.—*Simple fracture, result imperfect.*

Mrs. Catherine Langen, æt. 84, while carrying a bundle of wood, her foot slipped and she fell, striking on the left trocanter. She was admitted to the hospital on the following day, (Jan. 1856.) Dr. John Boardman, hospital surgeon, in attendance.

Dr. Boardman could not discover either crepitus or shortening, but the foot and knee were everted. She was directed to lie still in bed. Subsequently Dr. Boardman thought that he detected crepitus, but I was unable to do so at any time.

She left the hospital, Aug. 31, 1856, about eight months after her admission, unable to walk except with crutches. The thigh is shortened half an inch; toes not everted. The trocanter major feels broad and flattened, and the upper part seems to be thrown inward toward the body. I now suspect that this was a fracture of the neck close to the trocanter, and involving the trocanter itself, and also that it is a case of impaction of the neck. The great breadth of the trocanter is probably due to an abundant ossific deposit. I believe it has united by bone.

Case VIII.—*Simple fracture, result imperfect.*

James McLaren, æt. 65. Admitted to the Buffalo Hospital, Sept. 8, 1855, with a fracture of the left thigh bone through the neck. His account of his injury is, that on the 28th of August, he was struck violently on the inside of his left thigh, near its upper end. The blow was, no doubt, sufficient to break the thigh bone, but it is difficult to understand how it should have been broken through its neck by a blow given in that direction.

He was at first seen by Dr. Hill, who called it a fracture of the neck of the femur. I do not know what treatment he adopted. When he became an inmate of the hospital, Dr. Smith laid him in a modification of Gibson's splint.

Oct. 1, 1855, I found him still lying within the same apparatus, but without extension or counter-extension being made. The thigh was shortened three quarters of an inch. I directed him to get up and use crutches. No dressings were subsequently applied.

March 31, 1856, he was still in the hospital, walking with a cane, and with some halting in his gait.

Case IX.—*Simple fracture, result imperfect.*

Catherine Bletzer, æt. 79, fell upon an icy side-walk, in December, 1855, and was admitted to the Buffalo Hospital, on the 20th of the same month.

Her left thigh was broken through its neck. As she lay upon her bed, the left side of the pelvis was drawn up, and her toes were everted. I directed pillows to be placed under her knees, and that she should remain upon her back, but that, as soon as possible, she should get up and walk about with crutches. She remained, however, nearly one year in bed.

Feb. 10, 1856, she left the hospital still unable to walk, and having only for a short time found herself able to sit up.

Case X.—*Simple fracture, result imperfect*

R. W. Stockton, late surgeon in U. S. army, of Northeast, Pa., æt. 31, fell from a hight, striking upon his feet and breaking the neck of the right femur.

His limb was laid on a straight single inclined plane, the foot being six inches higher than the hips. Extension was made by means of weights attached to bands passing over a pulley at the foot of the splint; the weight of the body accomplished the counter-extension. At the end of ten weeks, he left the splint and began to use crutches.

Thirty-six years after the accident, I examined the limb and found it shortened one inch and three quarters. The union of the fragments was very firm and unyielding, and seemed to have been effected through the medium of bone. The foot and leg were slightly everted. Notwithstanding the amount of shortening, and although he used no extra heel to increase the length of the limb, he walked with only a moderate halt.

Case XI.—*Simple fracture, result unknown.*

Isaac Lang, of Colden, Erie Co., N. Y., about 40 years old, broke his left thigh through its neck. I saw him, Nov. 3, 1853, fourteen hours after the accident occurred. The messenger said that the attending surgeon, a very intelligent gentleman, called it a dislocation. Such, indeed, I found was his opinion, after my arrival at the house.

I found the hip much swollen, the thigh rotated outward, and shortened half an inch. Having placed him under the influence of chloroform, crepitus was easily detected. I applied my own straight splint, with adhesive plaster extension.

He recovered in the usual time, but I have never learned the exact result.

CASE XII –*Simple fracture, result imperfect.*

Mrs. F. W., of Buffalo, æt. 51. Feb. 3, 1847, she slipped and fell upon an icy board, striking upon her left trocanter major. Dr. George Burwell was called. There was no shortening of the limb, but the foot was slightly everted. Yet the Doctor, apprehending a fracture, had directed her to remain quiet in bed, and upon her back, with her knees over a double inclined plane.

On the third day, I visited Mrs. W. with Dr. Burwell. The limb was now shortened half an inch. No crepitus. We diagnosed a fracture of the neck of the femur. I left her in charge of Dr. Burwell. She remained in bed ten weeks.

May 29, 1854, seven years after the accident, I found her walking with a cane, and limping a good deal. The limb was shortened; the thigh and leg were slightly rotated outward. She had suffered more or less pain ever since the accident occurred, and at times the pain had been very great. She had been blistered and cupped: setons had been used and cold baths. The latter alone had benefited her.

Sept. 10, 1856, nine years after the accident, I found her still walking with a cane. but able to walk without it. Her toes turn out, and her thigh is shortened one inch. The flexors of the thigh are not sufficiently strong to lift the limb when the knee is bent.

CASE XIII.—*Simple Fracture, result imperfect.*

Mrs. Dally, of Buffalo, æt. 67, fell, Oct. 19, 1853, from a trunk upon which she was standing, and struck upon her right hip.

I saw her soon after the accident occurred. The thigh was shortened half an inch; toes everted; hip excessively painful when moved; the pain was also accompanied with frequent spasmodic contractions of the muscles about the hip. No crepitus.

I laid her upon her back, with her knees over pillows, so as to elevate them very slightly. I supported the foot also, in such a manner as to prevent eversion of the toes. She was directed to leave her bed as soon as possible, and to get about on crutches.

Oct. 22, 1854. She walked with a cane, but not without limping. The thigh was shortened one inch.—*Buffalo Med. Jour.*

[TO BE CONTINUED.]

APPLES AS FOOD.

Liebig says: "The importance of apples as food has not hitherto been sufficiently estimated or understood. Besides contributing a large portion of sugar, mucilage, and other nutritive matter in the form of food, they contain such a fine combination of vegetable acids, extractive substances and aromatic principles, with the nutritive matter, as to act powerfully in the capacity of refrigerants, tonics and antiseptics; and when freely used at the season of ripeness, by rural laborers and others, correct the putrebility, strengthen digestion, correct the putrefactive tendencies of nitrogenous food, avert scurvy, and probably maintain and strengthen the powers of productive labor. The operators of Cornwall consider ripe apples nearly as nourishing as bread, and more so than potatoes. In the year 1801, a year of scarcity, apples, instead of being converted into cider, were sold to the poor, and the laborers asserted that they could stand their work on baked apples without meat; whereas, a potato diet required either meat or fish. The French and Germans use apples extensively; indeed, it is rare in rural districts that they sit down to eat without them, in some shape or other, even at the best tables. The laborers and mechanics depend on them, to a very great extent, as an article of food, and frequently dine on sliced apples and bread. Stewed with rice, red cabbage, carrots, or themselves, with a little sugar and milk, they make both a pleasant and nutritious dish."

TREATMENT OF NEURALGIA BY VALERIANATE OF AMMONIA.

BY DR. DECLAT.

We have prepared an abstract of an interesting translation from the *Revue Med. and Entrangue*, which may be found in a late number of the *Medical Examiner*, as it brings to our notice a new remedy, which may be of value in the treatment of a class of diseases increasing in frequency and oftentimes obstinate in their persistency. According to Dr. Declat, such cases will yield to the influence of valerianate of ammonia; and as proof of his statement, he gives the following cases:

Case I.—The Marchioness of Fontanelle suffered with facial neuralgia for six years, first appearing as she was cutting a wisdom tooth. Legrand and Jobert (de Lamballe) ordered its extraction, which was done, causing agonizing pain. The neuralgia still continued, in spite of every effort of such advisers as Sedillot, Velpeau, and Jobert. Quinine, opium, belladonna, strychnia, iron, gold, and quinquina were employed, and external applications, such as blisters, opium plasters, dulcamara, chloroform, collodion, aconite, &c. Every thing failed. Jobert applied the actual cautery along the course of the inferior maxillary nerve, and after trying the waters of Plombiere with partial though temporary relief, the Marchioness applied to Dr. Declat

The first remedy used was Fowler's solution, which was pushed until it produced constitutional symptoms, without success.

The patient had become almost insane from the agony, when an experiment was made with the valerianate of ammonia on the 3d of January. A teaspoonful that night relieved partially, and two teaspoonfuls the next day, entirely banished the pain. The medicine was discontinued May 6th. Occasionally, however, Mad. Ferrand has "slight twinges," but resorts to the specific, and always successfully. This lady seems to have hereditary right to neuralgia, her mother having been a great victim to the disease, while her brother, the Earl of Essex, has had tic douloureux from his youth.

Case II.—M. Letellier, who had suffered horribly with pain in the head, extending to the neck, and losing itself on the branches of the facial nerve, was at Plombiere's when taken, and returned to Paris in great agony. Dr. Louis tried blisters, sage, quinine and morphia without any effect. He used morphia to such excess as to remain in stupor almost constantly. Dr. Declat administered the valerianate of ammonia in drachm doses, twice a day. In five days he was up, and in nine days all pain had passed away. He has since stated that his cure was complete.—*Buff. Med. Journal.*

ON THE EMPLOYMENT OF CHLORATE OF POTASS.

In a paper by M. Isambert, after giving the history of the employment of the chlorate since its discovery by Berthollet, its disuse, and recent revival by Hunt and others, the author states that he has of late investigated its therapeutical action in M. Blache's wards, at the Children's Hospital, and its physiological effects, by experiments upon himself. Passing over these latter, we briefly present the conclusions he has arrived at in regard to its medicinal employment in one or two diseases.

1. Diphtheritis. — Observations commenced by M. Blache, and continued by the author, leave no doubt as to the utility of the chlorate. In this affection there is, however, every gradation from the most

simple to the most malignant form, a sign of most unfavorable augury being found in the swelling of the parotid and deep-seated cervical glands—enlargement of the submaxillary glands occurring in even the simplest forms. Of thirteen cases, the chlorate was exclusively employed in four, and the cure was rapid, the cases being mild ones. In two, although cauterization with nitrate of silver was employed at the beginning, the success was attributable to the chlorate. In two others, cauterization was simultaneously employed, but the cure was not more rapid than in the others. The ninth case was a very severe one, following scarlatina, and the patient was cured by the chlorate and quinine, without the aid of cauterization. The four others died, but they were cases of a very grave description. The chlorate is, therefore, no heroic remedy, always curing angina maligna, nor is its action immediate; for although it appears in the saliva a few minutes after administration, it requires at least twenty-four hours, and usually three or four days, before it can effect its purpose. It should, therefore, be commenced with early.

2. Croup.—The success attendant upon the chlorate in diphtheritis naturally led to its employment in croup. The author relates four cases in which the chlorate seemed to have succeeded, and refers to eleven others in which tracheotomy was resorted to also, whether because the medicine did not seem to be taking effect with sufficient speed, or that tracheotomy having been already employed, it was given as an adjuvant to prevent the reproduction and extension of the diphtheritis. Of these eleven cases, some of which were very severe, there were eight recoveries and three deaths. Between the first of January and the end of March, 1856, tracheotomy was performed in M. Blache's wards fourteen times, with nine recoveries and five deaths; all the children taking the chlorate either before or after the operation. If this success be not due to the occurrence of a run of lucky cases, which occasionally occurs in practice, the result is remarkable, as the proportion of recoveries after tracheotomy, at the same hospital, has averaged, during the last six years, but one in four or five. When tracheotomy has been performed, the use of the chlorate is especially indicated, where there is a tendency in the diphtheritis to extend to the bronchi, pharynx or nasal passages. It should be combined with expectorants, and considerable doses given.—*Gazette Medicale.*

THE USE OF A NEW SOLUTION OF IODINE IN SKIN DISEASES.

BY DR. MAX RICHTER.

The solution is made thus: Half an ounce of iodine is to be dissolved in an ounce of glycerine, and subsequently half an ounce of iodine is to be added, which completely dissolves in a few hours. In the experiments made with this solution, it was applied to the surface by means of a hair pencil; the part was then covered with gutta percha paper, fixed at the edges with strips of plaster, so as to prevent the volatilization of the iodine. This was removed after twenty-four hours; and for a similar time cold pledgets werea pplied. Burning pain, more or less intense, but rarely of more than two hours' duration, was produced. The repetition of the painting depends on the appearance of the part and the amount of disease.

The conclusions of the author are:—1. That the iodine thus applied acts as a caustic; 2. That while it possesses considerable curative powers in respect of scrofulous and syphilitic affections, it is especially useful in lupus; 3. That the solution dissipates even deeply-seated tubercles of lupus, and may be applied for this purpose to the most tender surface without fear of eroding it; 4. That when the solution was applied only to the part of a diseased surface, the remainder was, nevertheless, influenced; 5. That it is particularly serviceable to large and superficial sores; 6. That after a series of paintings, and when the sore was almost healed, the local pains greatly increased in intensity.—*Wochenblatt der Zeitschrift.*

CASE OF INFANTICIDE.

The public of the cities of Rochester and Buffalo, have been recently much excited by the arrest and examination of Dr. Augustus P. Biegler, of Rochester, (the crime taking place in Buffalo,) on a charge of murder.

Biegler is a well known Homœopath in Rochester. Nearly four years since we alluded to his career in the pages of this Journal, as one infamous and criminal beyond measure, and declared our surprise that he should, even after conviction, receive the support of a respectable community. We trust he is now in a position to put a stop to future crimes.

The evidence given on the careful and prolonged examination of Coroner Nott, of this city, shows that Biegler was the seducer of a young girl named Emilie Murr; that in September last he brought her to Buffalo, where she took the name of Julia Rosendale, he assuming the name of Rosendale, also, on his visits to her. That on the night of the 19th of December, he took her from her boarding-house to a hotel on Exchange street, at about 10½, P. M. That at 12, midnight, the girl was very sick, though well when she entered the house; that her breathing was rapid and laborious, and she very much prostrated. Biegler then, or at 2, A. M., took her back to her boarding-house, and next morning left her under the medical charge of Dr. Warner, a well known homœopath of this city. The girl lived until the evening of the 21st, when she gave birth to a dead child while herself *in articulo mortis.*

Wounds were described by a portion of the witnesses, both medical and laical, as existing upon the body of the child; and some witnesses also testified to a wound in the os uteri, and to inflammatory action in the bowels, though there were differences in the medical testimony on this point. There was also congestion of the right lung.

So far as we are able to form an opinion of this history of crime, we are inclined to give the following as the probable state of facts:

Biegler took the girl to the hotel and gave her chloroform. While she was under its influence, he attempted to rupture the membranes with a trocar, and probably inflicted the wounds found. From the shock of the operation, and (in all probability) from an unhappy effect of the chloroform, death resulted.

As we understand the law, the procuring the abortion was simply manslaughter. The death of the mother from wounds thus feloniously inflicted, constitutes murder, and it is probable that he will be indicted for that crime.—*Buffalo Med. Jour.*

A LIFE-TIME.

A writer in the *North British Review*, for August, (Am. Ed.,) makes the following curious comparative statements upon the length of life of the late Samuel Rogers:—

A man who lives ninety-three years is remarkable,—much more a poet who lives ninety-three years,—and more still, a poet who lives ninety-three years in the very centre of the social and literary activity of his country, and in possession of such means as enables him to be in cordial and even influential relations with it all.—Ninety-three years! Why, it is no insignificant bit of the entire duration of the world! Seventy Samuel Rogerses, at this rate, might shake hands in an unbroken chain up to Adam; twenty would connect us with the commencement of the Christian era; nine would take us back, with room to spare, to the date of the Norman conquest; and three linked together would reach into the age of Shakspeare. What Samuel Rogers lived through, therefore, between 1763 and 1855, was, measuring by bulk alone, a seventieth part of all that has taken place on the earth since first there were human beings upon it; it was a twentieth part of all human history; it was a ninth part of all that Mr. Macaulay would include in the truly national history of England; and it was about a third part of properly British history, or of the history of England and Scotland since their union.

NEW WORK ON OBSTETRICS.

THE OBSTETRIC MEMOIRS AND CONTRIBUTIONS OF JAMES Y. SIMPSON, M. D., Professor of Midwifery in the University of Edinburg, etc. Edited by W. O. PRIESTLY, M. D., Edinburgh, and HORATIO R. STORER, M. D., Boston, U. S. Volume II, pp. 819. Edinburgh.

A few months since, we called the attention of our readers to the first volume of this most valuable work, republished in beautiful style by J. B. Lippincott & Co., Philadelphia. We have not seen the American republication of the second volume, but we hope that it will soon find its place in the library of every medical man, who wishes to keep himself informed of the progress of obstetrical science. It is full of most valuable papers, which no man can read or reperuse (for most of them have before appeared in the medical journals) without adding something to his stock of knowledge. These two volumes constitute a stupendous monument to the genius, talent, and industry of the author. We cannot *review* this volume, for the subjects contained in it are too numerous to admit of a consecutive review. In the first volume we have—Part i, Special Pathology of the unimpregnated female. Part ii, Physiology and Pathology of Pregnancy. Part iii, Natural and Morbid Parturition. In the second volume—Part iv, Pathology of the Puerperal State. Part v, Physiology and Pathology of the Products of Conception. Part vi, Pathology of Infancy and Childhood. Part vii, Anæsthesia. We propose to select a few of the more important practical papers for analysis.

1. *Analogy between Puerperal and Surgical Fevers.* According to the reports of the Registrar General, nearly 3,000 mothers die in child-bed every year in England and Wales, and Prof. Simpson believes a great majority of these maternal deaths is produced by puerperal fever.

In the city of New York, the records of the City Inspector show that since 1850, the annual number of deaths from this cause is about 150. The disease is more common and more severe among the population of towns than among the population of the country.

In the paper of Prof. Simpson, he points out the analogy between puerperal fever and the fever following surgical operations. 1. In the anatomical conditions and constitutional peculiarities of those who are the subjects of them. In the surgical patient, we have a wound or solution of continuity on the external part of the body, made by the knife of the surgeon; this wound has, opening upon its free surface, the mouths of numerous arteries and veins, and it comes to be repaired either by the direct adhesion of its opposed surfaces, or more slowly by exudation of organizable lymph upon its surface and the ultimate formation or development of a new skin, or new enveloping or connecting tissue. In the puerperal patient we have a wound or solution of continuity on the whole internal surface of the womb made by the separation of the placenta and the exfoliation of the decidua or superficial layer of the mucous membrane of the fundus and the body of the uterus; this wound has, opening upon its free surface at the former site of the placenta, the mouths of numerous arteries and veins, and it comes to be repaired under the usual accompanying exudation of organizable lymph upon its surface, and by the ultimate formation or development of a new layer or coating of mucous membrane. Both the obstetrical patient and the subjects of surgical operations are liable to present the symptoms of shock or collapse, particularly if the labor or the operation have been severe; both have generally a subsequent limited degree of febrile re-action—the traumatic fever of the surgeon—the so-called milk fever of the obstetrician; and both the external surgical wound, and the internal obstetrical wound, are liable to deviate from the standard mode of reparation; for their secretions may alter morbidly, or they may become the seat of an excess of inflammation, or of ulceration, or of phlebitic suppuration and its consequences.

2. *Analogy in the Pathological Nature of*

Puerperal and Surgical Fever. Prof. Simpson does not regard puerperal fever either as an idiopathic or putrid fever, or as essentially a local inflammation of the peritoneum, the uterus, the veins, &c., but rather as due to toxæmia, or a morbid state of the circulating fluid. The direct injection of pus and other morbid secretions and matters into the blood of the lower animals by Gaspard, Cruveilhier, Castelnan and others, has produced a series of symptoms during life, and a series of lesions on the dead body, showing a very strong analogy to those of puerperal fever. Under this pathological view, the fever is not regarded as the cause of the attendant inflammations, nor the inflammations themselves as the cause of the attendant fever, but both are the simultaneous sequences or effects of one common cause, namely, the original vitiated or diseased condition of the circulating fluid.

3. *Analogy in the internal Pathological Lesions left by Puerperal aud Surgical Fever.* From a table showing the inflammatory lesions in the post mortem examinations of 134 surgical patients (by Chevers), and from the tables of Duges and Tounelle, the former showing the inflammatory lesions in 314, and the latter in 222 cases of puerperal fever, Prof. Simpson deduces the following conclusions: 1. Both diseases generally leave upon the dead body ample evidence of the occurrence before death of acute and often extensive inflammatory action. 2. The internal inflammatory lesions are seldom limited in the same case to one organ or texture only, but two or more different viscera or surfaces are usually observed to have been either the simultaneous or successive seats of inflammamory action, and the different parts thus attacked are sometimes very distant and distinct from each other. 3. The internal viscera or textures, which are the first and principal seats of inflammation, are often far removed from the original wound or lesion, particularly in those cases in which the wound or lesion is in the head or the extremities.

4. *Analogy in the Symptoms of Puerperal and Surgical fever.* In both diseases, the most striking symptoms are rigors, a rapid and altered and frequently darker or almost icteric hue of the surface—the skin sometimes hot and dry, sometimes bathed in perspiration, or these states alternating without any material crisis in the febrile action; local pains and functional derangements in the parts which are the seat of the internal inflammatory effusions, but the local symptoms of these local inflammations are often masked and latent; anxiety and general prostration and adynamia; very frequently nausea and vomiting; occasionally diarrhea, and latterly labored and hurried respiration; sometimes sudden swellings and effusions in the joints and subcutaneous tissue, &c., and often at last rapid sinking, with or without delirium. Dr. Simpson is a full believer in the communicability of puerperal fever. He regards the material which, carried from one subject to another, is capable of producing puerperal or surgical fever in a newly inoculable subject, as an *inflammatory secretion*, not necessarily putrid. He uses, for the purpose of ridding the fingers of this morbific matter, a solution of the cyanide of potassium, which he considers more effective than the solution of chloride of lime. But it is very doubtful whether the cyanide of potassium is in any sense a disinfectant, it acting merely as a solvent or caustic, while chlorine is a most efficient disinfectant from its great affinity for hydrogen.

* * * *

The paper on Congestion and Inflammation of the Placenta is by far the most complete essay that has yet been written on the subject. Prof. Simpson concurs with Prof. Duges in the opinion that the most frequent cause of abortion is active *placental congestion,* in which he includes placental hemorrhage.

* * *

In conclusion, we can only add, that we regard these two volumes of Prof. Simpson as by far the most important contributions which have been made to obstetrical medicine for the last quarter of a century. —*Amer. Med. Monthly, N. Y.*

CASE OF THREE BRONCHI SPRINGING FROM THE TRACHEA.

BY M. E. LEUDET.

I have met this anomaly, which is rather rare, in the dead body of a man who died of pulmonary phthisis in May, 1855, in the Hotel Dieu, at Rouen.

The third division of the trachea, which was much smaller than either of the others, passed to the upper lobe of the right lung. The arrangement of its cartilaginous rings was completely analogous to that of the other bronchi; it took its origin from the same point as the two normal ramifications. The right lung was therefore furnished with two bronchi, and the left with but one.

This anomaly, though tolerably rare, has been before observed; thus M. Cruveilhier states that he saw a little bronchus arise directly from the lower part of the trachea and pass to the summit of the right lung.—*Gazette Medicale de Paris, July 5th,* 1856, p. 420.

Part 3.—Correspondence.

R. W. RAWLINSON, M. D., TO PROF. BICKLEY.

BECKWORTH, VA., JAN. 12, '57.

DEAR SIR:—You will, I trust, pardon me for intruding on your time, for I am aware that public men are thus heavily taxed. I receive, (I suppose from you,) occasionally a copy of the Eclectic Medical Journal, from which I learn that you are a Professor in a school which, in consideration of your medical education, perplexes me a little—for if I understand rightly the character of the Eclectic doctrines, as promulgated at Cincinnati, they are averse to Allopathy, in which faith you were inductad into the profession. There is also an Eclectic in the adjoining county to me, of whom I hear strange stories. I beg you, therefore, to allow me to propound to you a few questions, which I do in good faith; and as I see in the Journal now before me that there is a department for such letters as this, you are at liberty to publish this, and I will look for the answer in the Journal. Enclosed you will find $4, for the Journal for 1857, for Dr. W. P. Eppes and myself,—please hand it to Prof. Newton, the Editor.

You and I once agreed in our denunciation of quackery in all its forms, but I fear you have gone over to the Philistines. I should be certain of it if I was guided in my opinion by hearsay, and to inform myself, I beg to ask:

1st. Do Eclectic physicians bleed, and if not, what is the substitute for the lancet?

2nd. Do they eschew all mineral preparations, and if so, why, and what agents are used as substitutes?

3rd. Do you use tartrate of antimony, and if not, what is the substitute?

4th. Who is the founder of Eclecticism, and in what does it differ from the doctrines of the Botanics?

5th. How do Eclectics treat inflammation without depletion?

You will see from these questions what I am driving at, and I hope you will answer me. You know me to be an old fashioned Allopathist, and if I am on the wrong track, please set me right. Eppes says he thinks you are a conglomeration of every thing, and as a sect amount to but little—that you have an Allopathic head, a Thomsonian body, Homœopathic legs, and are wearing out your lives to make the unruly members harmonize.

Please mention what works contain the clearest exposition of your doctrines, and I will try and procure them, not that I ever expect to be converted to the system, but because I would like to keep myself informed at least to some extent on the movements being made in medicine.

I am obediently yours,
R. W. RAWLINSON, M. D.

[Prof. Bickley authorizes us to say that he will answer Dr. Rawlinson with pleasure in the March number of the Journal.—ED.]

Part 4.—Editorial.

CONCENTRATED MEDICINES.

Our readers will find an excellent article on the above subject in another part of this Journal, from the pen of Prof. Bickley. We were among the first to adopt, and gave our columns, from our earliest connection with this Journal, to the propagation of this very decided reform in pharmacy. We have published all that has been written for our pages, besides copying the various articles, *pro* and *con*, which have, from time to time, appeared in other journals. At first, we stood almost alone; but we have lived to see the triumph of these agents, and to learn that the profession has at last laid aside prejudice, and given the concentrated agents the trial which their merits demanded. Messrs. Keith & Co., of New York, long stood nearly alone in the manufacture of these agents, and in fact, with the exception of Mr. T. C. Thorp, of this city, so stands until the present time. Mr. Thorp, as yet, does not manufacture all the agents which we get from Keith's Laboratory in New York, and it is only recently that he seems to have endeavored to get up the articles, which he manufactures in the best form.

We have just received from Mr. Thorp specimens of

Leptandrin,
Dioscorin,
Prunin,
Cornine,
Scutellarin,
Garanin,
Caulophyllin,
Hydrastin,
Pure Sul. Sanguinaria.

How these agents will compare in efficiency with those of Keith & Co. we are not prepared to say, but, as we shall give them a fair trial, we will speak of them in a future number of the Journal. The increased sale and consumption of this class of medicines, since 1854, has been truly astonishing, and we trust the indefatigable chemists who have thus far borne the brunt of opposition so successfully, will continue to improve and concentrate their agents, to increase the list, and to find an abundant sale for them. Keith & Co., their branch house here, and Mr. Thorp, are doing a heavy business already, and one that will double every year.

NEWTON'S SYME'S SURGERY.

We are in the daily receipt of orders and money for this work, and many are impatient to procure it. The work is now in press, and has been for some time past, but the profession must bear in mind that it is a large work, and necessarily requires time for its completion. Our labors on the book are completed, except to read the proofs of a form daily. We are quite as anxious to get it out as our friends are to receive it, for we believe it will meet the expectations of those who have ordered it; because, if for no other reason, it correctly represents both branches of the profession—the Allopathic and the Eclectic.

THE WORCESTER JOURNAL OF MEDICINE.

This work has been discontinued, after a fair trial had been made of the experiment. The school of which it was the organ has been removed to Boston, but we fear that a school which cannot support a journal, will find "Jordon a hard road to travel." We wish the school every success, but we think they will regret having given up their journal. A little perseverence would have eventually established it. This we say from experience, for when we took charge of this journal it was greatly in debt, and for some time failed to pay its expenses. It has now attained a circulation of nearly *two thousand* copies to *bona fide* subscribers. The same perseverence has also placed the Eclectic Medical Institute on a firm basis, and we hope our Boston friends will keep the ball in motion until the profession is reformed. The work of reform is a glorious one, and reformers should not be discouraged by slight reverses. In all professions *occurrent nubes.*

INTERFERENCE OF NURSES IN MIDWIFERY.

It is a fact, to which the profession should look, that nurses in midwifery often destroy the lives of females who ought to recover from the effects of parturition. Cases have come under our notice where serious injury has been done to patients by the refusal of nurses to follow the direction of the accoucheur. It is a nurses duty to abstain from all interference, and to implicitly follow the directions of the attending physician. Physicians should look to this matter, and strenuously object to the employment of such as refuse to obey the instructions of the physician.

MEDICAL FEES.

It is strange that the public is generally so backward in paying physicians for services, and the more so when we reflect upon the character of the services which are rendered. The butcher, the wood-sawyer, the merchant, the minister, in fact every other creditor, is unhesitatingly paid upon the presentation of his bill; but the medical man, who has devoted the best part of his life in acquiring a knowledge of medical science, and who has to face all weather, at all times, and under all circumstances, to minister to the "ailments of flesh," and on whose skill so much depends—he whose duty it is to prolong life at the expense of his own health and comfort—is put off from time to time, as though he, unlike other men, never needed money. Patients seem to forget that physicians depend on their profession for a living; that they must pay house and office rent, coal, gas, water and market bills as other people; that the stableman, the bookseller, the merchant, the druggist, the tailor, all have claims on the medical man, and that, as from others, they expect their pay. Patients are always grateful when first relieved, but when a twelvemonth of health has intervened, they forget the services of him who was instrumental in procuring that health. If we are to practice under low fees, and on long credits, we had better organize ourselves into a benevolent order, *Brothers of Charity.*

SPRING ANNOUNCEMENT OF THE PHILADELPHIA COLLEGE.

We have received the Announcement of the Eclectic Medical College of Pennsylvania, located at Philadelphia. As we have no knowledge of the size of the present winter class of the Philadelphia College, we cannot speak of their prospects for the spring. One thing is quite certain: they are in the midst of the enemy, and we shall hold up our hands till they gain the battle.

SEND IN YOUR STATISTICS.

We have several times called on the Eclectic profession for statistics of their practice, and we repeat the call. We feel assured that very much good would result from the exhibit, and as we have the means of reaching the profession and the public, it would enable us to show the superiority of the Eclectic over the Allopathic system. Besides, as a matter of information to the profession, it would be invaluable. It would enable us to localize disease, to compare treatment, to sum up the results. If you have not kept a regular record of the cases treated, you can furnish modes of treating different diseases. There are many engaged in successful practice, who write well, and they should feel it to be a *duty* to report their more important cases. No matter is more acceptable to the profession, and we hope our friends will furnish us with an occasional article.

A NEW HOSPITAL.

The citizens of this city are beginning to perceive that our central location and other advantages are so evident, that commerce, in its expansive efforts, will develop our "village" into a great city, whether we desire it or not. In fact, we begin to think that Cincinnati is pretty deeply tinctured with a sort of home fillibusterism. At any rate, she has certainly pursued the appropriative policy, until her neighbors are being swallowed by her voracious stomach, as though it was her peculiar destiny to crush out and grind into her porridge all the towns and villages within three score miles around. Within the memory of that very strange personage, "the oldest inhabitant," what is now Cincinnati was only a dirty looking village, with a few hundred inhabitants, who were engaged a good part of their time in repelling the copper-colored denizens of the wild forest, or in the more pleasant occupation of keeping wild turkeys out of their pea patches. But behold! even before the foot-prints of the Indian have been erased, a mighty city, pregnant with all the elements of commercial greatness, has grown up and occupied the very lands which served to pasture the cattle whose milk satisfied many of our eager appetites a few years since. Having attained a population of 200,000, our wide-awake citizens set themselves to work to throw out in all directions those dreadfully appropriative avenues of commerce, railroads, and soon we had the country tapped in all directions, and the storehouses and graneries of the North, the South, the East and the West, poured in golden streams of wealth. Our citizens bore their good fortune with becoming dignity, but they seemed to think we should explode if confined within the horse-shoe flats in which the city is located; so they very quietly appropriated the territory of Fulton and its appurtenances.

She had thrown scions across the Ohio, above and below the Licking, and, after making two cities on the soil of our sister State, Kentucky, now she goes to work and throws a splendid bridge across the Ohio, and the Licking, and thus unites her children with the old household. But this has not satisfied her; she has crowded up over the hills, elongated up and down the river, and thrown off satellites in all possible directions. Nay, more! we have become so thick that houseroom is not to be had, and Hamilton, Lawrenceburg, and other towns within an hour or two's travel, have been called on to furnish lodging-places for our wide-awake merchants. All this hub-bub and bustle, all this crowding and jamming, remind us that we now have a population of about 300,000; that the tide of prosperity is still on the increase, and that the medical schools of the city have contributed, in some measure, to the city's growth and prosperity. Men of science and letters have made this their home, and our generous citizens are determined to assist them in making the Queen City a grand focus of art, science, and literature, as well as of commerce and manufacture.

This feeling accounts for the fact, that steps are being taken to found a hospital, which will be equal to any thing of the kind in the world. The building is to be commodious enough to accommodate 800 to 1000 patients, who are to be divided into appropriate classes, and assigned to the care of the clinic lecturers. The building is to be five stories high, 100 feet square, with a splendid amphitheater, museum, library, &c. The wards are to be fitted up in the best style, and every comfort of the patient is to be considered.

This institution will have its regular courses of lectures on surgery alone, and attendants will be graduated on that department. This will be the means of furnishing our country with practical surgeons, and, at the same time, afford a retreat for all who require surgical operations, or need treatment for constitutional or chronic forms of disease.

As soon as the measure has been determined on, we shall communicate to the profession all the particulars. In the mean time, we fully believe that such an institution is needed here, and that it would be well sustained. We need an establishment where hospital practice may be taught, and where the operations of surgery become familiar from their frequency.

INTERMARRIAGE OF COUSINS.

The Norfolk (Va.) *Reflector* says that the Assessor's returns of Huron county show 11 blind, 12 deaf and dumb, 12 insane, and 12 idiotic persons in the county. The parents of five of these were by relation cousins before marriage. Three of the five (two blind and one idiotic) were so afflicted from birth, and one (idiotic) from infancy. The fifth was deaf and dumb for a time not ascertained, probably from birth. It is probable that the number of parents so related to each other is larger, as there was no information obtained as to part of them.

THE SCALPEL.

We have been receiving the *Scalpel* regularly, done up in quarto form, and making its visits monthly instead of quarterly, as was its former practice, when it wore its old coat, and lived in the old house. Its editor seems to be a regular Ishmaelite, at least so far as himself and humbug and imposture are concerned — his hand is against rascals, and we presume the hands of rascals will be against him. That Dr. Edward H. Dixon is a man of undaunted moral courage, independence, and mental vigor, no one will pretend to deny. We honor him not because he is Dr. Dixon, editor of the Scalpel, but because, in this age of toadyism, he has the courage to stand up in the midst of a corrupt system of monopoly and vice, and boldly denounce men and measures, irrespective of public opinion, or of party influence. Though we differ on many questions very materially from Dr. Dixon, we must award to him that meed of praise which we think, as an honest man, he deserves. Single-handed, he has combatted the united and talented opposition of the profession for many years, flaying the scoria from the extra dignified gentlemen who thought their abilities beyond reproach, and demonstrating to the public that some men knew something as well as some others, and that all the learning was not confined to the walls of the academy.

But Dixon has dissected the profession so thoroughly with his *Scalpel*, that the remaining skeleton is slightly fetid; and hence, like a sensible man, he has put a new edge on the *blade*, and has commenced the laudable work of cutting down into the diseased organs of society at large, as though he intended to remove a portion of the fungous growth which is so deforming our civilization. First we had him stirring up the beer cans of the burly Dutchmen, whom, after taking them through a "course of sprouts," he laid aside to rest until he could examine the tissues of the tobacco-worm! Next we find him in search of light—true, *bona fide* gas light—none of your tallow-candle, sickly, flickering moonbeams, unable to guide the night pedestrian on his lonely walk. But if Dr. Dixon finds cause to complain of the character of the gas light of the Metropolitan City, what would he say of the dirty, flickering, little points stuck here and there in our streets? Perhaps the Doctor never visited this overgrown village. If he has, he was in the midst of a people who suffer more from humbuggery, monopoly, and various kinds of shaving, than he will ever meet with in New York.

No matter what may be said against Dr. Dixon, or the style in which he uses his dissecting blade, we think his work calculated to effect much good. He is the right man to edit such a work, and he is in the right place to commence the reform. What he says has been said for the first time, and hence, whoever reads after him will not be bored with a rehash of ordinary chit-chat. We hope the Scalpel will get a wide circulation, and that its editor will be amply remunerated for his labors. Let every body send a dollar to Ed. H. Dixon, M. D., New York, and get the Scalpel, which is *the* journal for the people.

PROF. WOOSTER BEACH.

The veteran founder of Eclecticism has been absent in Europe for over a year and a half. His visit to Europe was to examine the hospital and private practice of the principal kingdoms of Europe, so as to bring the forthcoming edition of his great work on Practice up to the most advanced improvements of the day. It is a great pity that his disciples cannot generally be induced to exercise as much perseverence and energy in bringing out new books. While medicine shall remain a science, Dr. Beach will be remembered as one of the most remarkable men our country has ever produced.

THE GREAT ABORTION CASE.

Drs. Buchanan and Hoyt have already left the abortive organization, which was attempted to be gotten up in this city. Dr. Hoyt has removed his effects to Madison, Wisconsin, and Dr. Buchanan has removed to Louisville, Ky. Dr. W. Burnham, of Lowell, Mass., has never visited our city, nor has he been here at any time, although certain individuals have tried to produce the impression that such was the case. Dr. Burnham has, in this matter, proved himself worthy of that honorable reputation, as a gentleman, which he has heretofore sustained; for as soon as he discovered the fact that certain parties had been using him for their own base purposes, he refused any further connection with them. Dr. Howe, who has been in the city a few months, and Dr. John King, will soon depart for the East. *Sic transit gloria mundi.*

Where now is that great chemical fountain?—where now is that pure stream of surgical science, which was to overflow this western land?—where now is that great physiological light which was to outshine all other lights?—where now is that great electric current of obstetrical knowledge, that was to fill the heads of all the young men in this country?—what will now become of the great Antisquamic and pneuromatic light of this brilliant age? also the antispasmodic-tincture.antidote man?

TYPHOID FEVER.

We extract the following remarks on the treatment of Typhoid Fever, from an article in the Memphis *Journal of Medicine*, by the Editor, R. H. Harrison, M. D.:

"The task of devising a course of treatment so constructed as to meet the exigencies presented in cases of Typhoid character, and cut short its ordinary course, is one of more difficulty than would at first appear. It must be borne in mind that the entire nutritive system is pre-eminently implicated; muscular and nervous energy are enfeebled for want of support; and the blood, impoverished of its vitality, and overloaded with morbific matter, loiters in the brain, and wherever nervous irritability is sufficient to attract it. Under these circumstances the whole organism suffers from the double tax of partial starvation, and the irritating influence of morbid accumulations. The indications of treatment, however, may be set down as follows: 1. To restore the lost equilibrium in the circulation. 2. The establishment of functional activity in the entire vascular system, particularly with the view of promoting absorption, perspiration, and the various glandular secretions. 3. The maintenance of a sufficient degree of peristaltic action in the intestines to keep up a constant elimination of whatever irritating and morbific accumulations that organ may be the seat of. 4. When thorough depuration has been accomplished, to tone up and strengthen the organism. Throughout the whole course of the disease it will be necessary to sustain the patient with limited quantities of mild, unirritating nourishment.

"The fulfillment of the first and second of these indications constitutes the most important item in the treatment of the disease. For their accomplishment the following course has been found equally if not more efficient than any other: Administer at intervals of half an hour, a strong decoction of equal parts diaphoretic composition and sage, until one pint has been given, then give, in broken doses, an active, yet not an over dose of lobelia, which should be aided in its operation by the continued administration of the diaphoretic decoction above named. If the stomach should, at any time, manifest an excessive degree of irritability, the application of a wet compress may be resorted to rather than more stimulating remedies. While preparing for the emetic the patient should have his feet immersed in a bath as hot as can be borne during a period of from fifteen to thirty minutes, according with his ability to bear it. Immediately after the bath, his entire spinal column should be rubbed with some stimulating liniment. The effect of these several remedies will be to equalize, to a considerable degree, the circulation of blood; disperse for the time the local congestions in the nutritive apparatus, and restore, temporarily, at least, absorption and perspiration. In addition to these effects, the morbid material evacuated by the emetic is, by no means, of the least importance. After the operation of the emetic is completed, the patient should be permitted to rest for half an hour or an hour, and then take some nourishment—as boiled milk, milk porridge, or some such light article. The second step in the treatment should consist in the administration of an efficient cathartic, of the most unirritoting kind: Leptandrim five grains, hydrastin two grains, capsicum five grains, formed into five pills with extract of apocynum, affords an excellent prescription for this purpose. Two of the pills may be given six hours after the emetic, and repeated in six hours more if the first dose has not operated sufficiently. After the cathartic has commenced operating, the patient should take, at intervals of one or two hours, a weak decoction of capsicum, or of a decoction of asclepias tuberosa, rendered stimulating with capsicum, for the purpose of maintaining, as much as possible, the fulfillment of the first and second indications.

"The course above briefly sketched should be repeated every two or three days until the symptoms abate; unless perchance the patient's strength should fail too rapidly, in which case the emetics should be separated, with a decoction of asclepias two parts, diaph. composition two parts, lob. inflata one part, and capsicum half a part. This decoction, in doses of two fluid ounces every hour or two, until the fever is thoroughly abated, moving the bowels at the same time with enemas of the same, or if necessary to secure action, a more stimulating preparation will generally accomplish the object.

"Having subdued the fever, and re-established functional activity throughout the organism, any of the mild tonics will answer the remaining purpose. Hydrastine and salicine, quinine and extract of gentian or berberine, are among the best. Poultices to the bowels should be applied throughout the disease."

UNANSWERED LETTERS.

The Editor of this Journal is in receipt of a large number of letters which he has found no time to answer, and which he ought not to be expected to answer. As a practitioner of medicine and surgery, his time is worth something, and to spend three or four hours a day in answering letters of inquiry as to treatment of diseases, &c., in which he has no immediate interest, is a burdensome tax which he does not feel disposed to sustain. If his advice is worth seeking, it is worth a fee of five dollars, and in returning a detailed opinion this will often be a small compensation.

HEALTH OF THE CITY.

Cincinnati has been as healthy as usual this winter. The bills of mortality show this to be one of the healthiest cities in the Union. In all cities there must be found disease of some kind at all times. Except hooping-cough among children and colds among adults there is but little sickness in the city. Our students, as a body, have been very healthy during the past session. Dr. Talbott, whose death is noticed in another column, died of congestion, very suddenly—even before we knew of his illness. An occasional death must occur in all large bodies of men, drawn together from all parts of the country. Outside of this circumstance the class is, and has been, healthy.

Though the city is healthy, it is an unpleasant fact that notwithstanding the rigor of the season, we are miserably deficient in the supply of fuel. If our people would abandon their grates and stoves and use furnaces alone, we should not only get a more equal temperature, but be much less afflicted with colds, coughs, and rheumatisms.—Especially should we pay more attention to ventilation. Our system of ventilation and architecture, as well as heating apparatus and clothing, are very unphilosophical.

OUR SPRING SESSION.

The Spring Session of the E. M. Institute commences on Monday, February 2d, and, from the present indications, we anticipate a large class. Many students are already "on the ground," and we are in daily receipt of letters from others who are coming. The departments in the Institute are now filled with thorough scholars and efficient teachers. Every Professor feels it to be his duty to confine himself to the legitimate teachings of his chair, and to discountenance the vagaries which have heretofore so embarrassed students. The school is thoroughly Eclectic as well as strictly scientific.

THE RESULTS OF ALLOPATHIC PRACTICE.

In examining the St. George's Hospital Reports for 1855, we find the evidence of what we have always asserted to be true, viz: the per centage of mortality is much greater in Allopathic than in Eclectic practice. We have space for only a few illustrations. It appears that the percentage mortality of 188 fever patients was 9.04, a proportion of which any Eclectic would be totally ashamed, and who would not ask a practice with the exhibition of such a want of knowledge of disease; and if he did seek a practice, when he had been so unsuccessful, he would hardly obtain it. The loss in carlatina was 8.69 per cent. of all the cases treated. Can any one show such a fearful mortality in Eclectic practice? Such results would disgrace our practitioners. The mortality in anasarca was 34 per cent., and in ascites 57 per cent. Surely this is a terrible mortality, and might well cause the British people to pause and inquire if the profession understood the pathology of dropsy. In hæmoptysis the loss was 22 per cent.; in cochemia, 33 per cent.; and in scrofula, 37 per cent. We unhesitatingly call these disgraceful proportions or percentages. In tubercular disease the mortality was 22 per cent.; in hydatids, 33; in encephaloid growths, 91 per cent. This is worse, by far, than the Allopathic practice in America, and here it is bad enough for all purposes. Of schirrus tumors the mortality was 33 per cent. Of delirium tremens the mortality was 22 per cent. Our drunkards would soon be thinned out, if such results attended American practice. In tetanus the mortality was 100 per cent.; in apoplexy, 42; in spinal inflammation, 33 per cent.; in pericarditis, 43 per cent.; in hypertrophy of the heart, 44 per cent.; in phlebitis, 80 per cent.; in laryngitis, 63 per cent; in pheumonia, 25; and in pleurisy, 39 per cent. Only think of a system of medicine in which more than one-third of the cases of pleurisy are lost. This is a sad sequel to bleeding and calomel. The loss in quinsy was 10 per cent., and the same in ulcerated tonsils; in mumps 33 per cent. This is a shameful result, and we must believe that the cases were more or less complicated. In diarrhea the loss was over 8 per cent., and in dysentery, 60 per cent. Now any Eclectic who would lose more than 1 per cent. of dysentery cases, would be denounced as an incompetent practitioner. In peritonitis, the mortality was 53 per cent. of the acute, and 33 of chronic. Of enlargement of the liver, the mortality was 88 per cent.

Now can any reasonable man examine these results and not feel that the system which fails to effect more cures than is here indicated, is miserably deficient in some respect. Were it possible to collect the statistics of both Allopathic and Eclectic private practice, we should have no difficulty in demonstrating the value of the two systems. Our agents act promptly, and as we desire to have them act. The allopathist, who sees the same indications, fails to fill them, with his uncertain drugs. Nothing but prejudice prevents the profession at large from using all our remedies as we use them, and, in fact, a few are already so employing them.

The physician who practices from right motives should never suffer his judgment to be warped by the misrepresentations of the ignorant and bigoted.

We are sometimes amused at the opposition made to our young men when they first settle down to practice physic, by bigoted old thick-heads, who could not bear an examination before any Faculty—either old or new school. The young physician will, however, soon get practice, and the results will be heralded around, much to his profit and the vexation of the old doctor. We always advise our students to pay no attention to the practice or number or influence of allopathic physicians. Find a place to suit you, and then settle—practice will come, and that too in spite of opposition from old-schoolmen. It is only necessary to compare the two systems to demonstrate the superiority of our own. In the cholera season of 1849, in this city, our practice was gloriously sustained, and we venture to affirm that under all circumstances, the average income of Eclectic physicians is 30 per cent. more than that of Allopathic.

MEDDLING PHYSICIANS.

This is a subject which has received too little practical attention. The interference of physicians with each other's patients has been productive of more embittered feelings than any other one cause. The remark applies alike to all schools of practice, and it is a disgrace wherever it may exist. The public, knowing or caring but little for the bickerings of medical men, often repeat from one physician to another their respective opinions of each, and not unfrequently in a very unfair way, thus leaving a wrong impression where no injury was intended.

There are men in all professions who seem to take a pleasure in misrepresenting others—of pushing others down in order to push themselves up. No gentleman will, knowingly, interfere with another's business. We have no right to seek the patronage of the patient of another. If a patient, however, of another seeks our services, then it is our duty to serve him. If this rule was strenuously observed, there would be fewer alienations among medical men.

THE DEMAND FOR ECLECTIC PHYSICIANS.

Every week we receive letters from non-medical persons, asking us to send them Eclectic physicians. To such as we have not answered, we beg to say, that the demand is greater than the supply. We are doing all we can to build up a liberal medical profession, and are sending out yearly large numbers of well qualified Physicians, whom we recommend to settle in certain localities where these wants exist. All that we could supply has been done promptly, and it affords us great satisfaction to know that the public has learned to appreciate rational medicine. We have now several applications for Physicians in places ranging in population from four to fifteen thousand inhabitants. The people are essentially Eclectic,—they have been drugged with mercury, puked with tartar emetic, and bled, to their hearts content, and they have learned the evils of such a practice.

MEDICAL SPECULATION.

It must have been observed that the medical profession has become infested with a class of men who seek to use it as a means for speculating on human suffering. No doubt this spirit of speculation has been generated with the successful operations of Swaim, Brandreth, Jayne, &c., &c., but that a high-minded, honorable and enlightened physician should thus stray from the great elementary idea of medicine—benevolence—is painful to state. We find such men in every city, and still holding the closest connection with the profession. Let those who thus wish to debase this art, deal in bonds, lands, and stocks, not in pain and misery peppered with an abundant seasoning of humbuggery.

DEATH OF THOS. A. TALBOTT.

It is a painful duty incumbent on us to record the death of Mr. Thos. A. Talbott, of Arkansas, who died of congestion, on the 11th of January, having been ill but a few hours. His funeral was preached by Dr. Isaac Spangler, of Va., a fellow student, on Monday, 12th January. Mr. Talbott's death was so unexpected, that all with whom he was connected here were shocked extremely, and all regret this sudden visitation of death, in a large class otherwise healthy. The deceased was a gentleman of correct habits, and a close student. We append the resolutions of the class on the occasion:

At a meeting of the class of the Eclectic Medical Institute, held Jan. 12, 1857, the following preamble and resolutions were unanimously adopted:

Whereas, Death having entered our midst, and removed therefrom our much esteemed frien and fellow student, Thomas A. Talbott, of Arkansas, therefore be it

Resolved, That in his death the Institute, the cause of Medical Reform, and ourselves have sustained an irreparable loss.

Resolved, That in the deceased we recognized all the characteristics of a faithful and dilligent student, a kind and obliging spirit, and one worthy of our highest regard and affection.

Resolved, That we sincerely sympathize with the afflicted family, in the loss of a dear son and brother, yet feeling assured that their loss is his gain.

Resolved, That as a testimony of respect to our lamented brother, we wear the usual badge of mourning until the expiration of thirty days.

Resolved, That a copy of these resolutions be forwarded to the family of the deceased, also one to the Eclectic Medical Journal and the Express for publication.

W. W. Smith, *Pres.*
Richard C. Tillery, *Sec.*

BOOK NOTICES.

Handbook of Organic Chemistry, for the use of Students. By William Gregory, M. D., F.R.S.E., Professor of Chemistry in the University of Edinburgh, &c.—Fourth American from the fourth London edition. Edited by J. Milton Sanders, M.D., LL.D., Professor of Chemistry in the Eclectic Medical Institute of Cincinnati. New York: A. S. Barnes & Co. 1857. 8vo. pp. 480.

The rapid sale of so many editions of Dr. Gregory's Organic Chemistry, is an evidence that the work supplies a want. In our notice of the author's "Handbook of Inorganic Chemistry," we alluded to the admirable manner in which the subject is condensed, and the clear and intelligible mode in which it is presented to the reader. These characteristics are true, also, of the present volume, which will be found of great value, not merely by the medical student and physician, but also by the pharmaceutist and agriculturist, and by those engaged in such branches of the arts as require the aid of chemistry in their processes, to whom we cordially recommend it.—

The supplement by the American editor contains the most important additions to the science which have been made since the publication of the last English edition. The work may be had in Boston of Messrs. Sanborn, Carter & Bazin.—*Boston Medical and Surgical Journal.*

The above remarks of that able periodical, the Boston Medical and Surgical Journal, for Thursday, December 25th, we commend to the attention of the reader. It is not dissimilar to notices from less conspicuous sources, which reach us almost daily. Although but five years have elapsed since the first edition of these two able works—the Inorganic and Organic Chemistry of Dr. Gregory—wass issued from the American press, still four new editions have gone out and been sold since that time. This is, as the Boston Medical Journal says, a proof that the work supplies a want. These Chemistries have been adopted as textbooks by the principal Medical Colleges and Universities in this country. As there are no more able judges of a work than those whose duty it is to teach the science upon which that work treats, therefore the general adoption of these American editions of Gregory is positive testimony in their favor from the ablest sources. The work is for sale by Derby & Co., Cincinnati.

SARGO SUCRE, OR CHINESE SUGAR CANE: Its History, Culture, Manufacture, etc. By RICHARD PETERS, Atlanta, Ga.

We have received this pamphlet of twenty-four pages, and have examined it with much interest, and would recommend it to the entire people. We clip the following from the Boston Traveler, as furnished by one who has been experimenting with this plant.

"My cane was planted about the 20th of May. It came up well, and has grown well, having reached the hight of ten feet. A few days ago, the plant just being out of flower, or in other words past its bloom, I cut several stalks, and stripped off the leaves, crushed the cane and pressed out the juice, which I boiled down to molasses; and a fine article it is, of which I intend to give you both ocular and "oscular" proof; as good as can be bought for fifty or sixty cents a gallon. The juice is very rich in saccharine matter, yielding from a fourth to a fifth of its bulk in good molasses. I fully believe, from my limited experience, that we may successfully compete with Louisiana, for we have, in this variety of sugar cane, a great advantage over that which they cultivate, for this can be grown from seed, while that which they grow never seeds, but is reproduced from joints or cuttings of the cane, and consequently they are obliged to save from a third to a fourth of their entire crop for the next year's setting. Then, again, with this sugar cane no part is lost, as with them, but the leaves are stripped off for fodder; the tops will answer for brooms like broom corn, and even the refuse is said to make a fine article of paper. Then again, most any of our land that will grow Indian corn will grow sugar cane, while their sugar land—at least much of it—has to be drained at considerable expense, and kept dry, or the cane will not flourish."

OUR JOURNAL.

We can brag on the subscribers of our Journal as punctual men. We infer, however, that they are doing well in their vocation also. We are in daily receipt of from $20 to $30, as may be seen by the receipt list on the cover. This promptness on the part of our subscribers enables us to furnish the Journal with equal promptness. Some of our friends have also done us the favor to send in the subscription for back years, from which we take it that the Journal is a welcome visitor. We mean to do our duty, and hence we risk nothing in promising to each subscriber a fair equivalent for his money. Our new subscribers for the last month number over 200.

PROF. POWELL'S NEW TREATISE ON THE HUMAN TEMPERAMENTS.

We are happy to see that this work is meeting with such a rapid sale. It is a book which, at least, will set men to thinking. We see it favorably noticed in many of the leading periodicals. As Dr. DIXON, of the *Scalpel*, remarks, "It is a remarkable book by a remarkable man."

THE

ECLECTIC MEDICAL JOURNAL.

Fifth Series, Volume I. MARCH, 1857. Number 3.

Part 1—Original Communications.

HISTORY OF THE ECLECTIC MEDICAL INSTITUTE OF CINCINNATI, AND ITS ETHICAL PECULIARITIES.*

BY PROF. G. W. L. BICKLEY.

CHAPTER III.

History is valuable as it is supposed to be truthful. It is presumed the historian will record the facts as he finds them, only interlarding his statements with his own opinions, by way of commentation. If the writer shall adhere to the above idea, this volume will be as valuable to the Allopathic as to the Eclectic medical profession; as valuable to one sect as to another; as valuable to the philosopher as to the physician. He has set out to write for the public, for future ages, and not to gratify any personal ambition which he may entertain, or to defend the Eclectic system, as such, against the incessant warfare which has been waged against it for the past quarter of a century. It is his object to present the system in its true light, and to note the progressive steps by which it has risen to its present dignified position among the medical systems of the age. He shall feel it his duty to point out what he conceives to be its errors, as well as what he believes to be its excellencies, and in this task he is determined to lay aside party bias and professional prejudice.

I have said that Morrow was the father of Eclecticism in the West, and it is but fair that I should adduce some proof of the correctness of the assertion. He was the first regular pupil of Beach who rose to the position of a teacher, and when the Worthington college was founded, he was not only its president, but shouldered a large part of its pecuniary responsibility; and in addition to his professional labors, he conducted the "*Western Medical Reformer*," which was established in 1836, and which was conducted with consummate ability, and with telling effect. When all others had become discouraged with the Worthington enterprise—when the rest of those who had formerly been in the Worthington Faculty resigned, and either removed to other places to engage in private practice, or connected themselves with other occupations—Morrow, the Leander of Reform medicine, stood to his post, defending the Thermopylæ of rational medicine, and keeping the field clear of noxious weeds, which always thrive best in cultivated grounds. As the conductor of the only scientific reform journal west of the Ohio, he was then regarded as the leading man in this branch of the profession, and when his friends finally persuaded him to come to Cincinnati, he at once became the leader here, and at once opened a school, though but imperfectly supplied with the elements of medical instruction. I have already spoken of several buildings occupied as lecture rooms, in the preceding chapter (II.) Morrow's practice rapidly increased in this city, and warm friends, from the ranks of the highest circles, greeted him on every hand.

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* Entered according to Act of Congress, in the year one thousand eight hundred and fifty-six, by G. W. L. Bickley, in the Clerk's office of the District Court for the District of Ohio.

It was at once perceived that this was the point at which to organize a new college, to be founded on a highly scientific basis, and as early as 1843, the subject was canvassed by the friends of liberal medicine. Morrow, L. E. Jones, Baldridge, Hill, White, and other friends to Eclecticism, soon commenced circulating a petition, which, in a few days, was signed by over 1100 of our best citizens. This petition was forwarded to Columbus, and presented to the Legislature. But that petition did not go alone: the Allopathic branch of the profession at once conceived a dreadful antipathy to the establishment of such a school as a competitor to the Ohio Medical College, and after strenuous exertions, they succeeded in getting some sixty physicians to sign the counter petition, hoping to effect a defeat of the bill to incorporate the Eclectic Medical Institute. Fortunately, however, the public is not so biased in its judgment on medical matters, as are physicians; and while every effort was used to prejudice the members of the Legislature against the bill, it received a favorable report from the committee, as copied in chapter II, and on the 10th day of March, 1845, the bill finally passed, and became a law of the State. In order to give a fair exhibit of the character of the Institute, I insert a copy of the charter.

AN ACT *to Incorporate the Eclectic Medical Institute of Cincinnati, to be located in the city of Cincinnati, passed March* 10, 1845.

SECTION 1. *Be it enacted by the General Assembly of the State of Ohio*, That Henry Morse, Joseph Howard, Garret Vanausdal, Thos. G. Newton, James Goodin, John Waggoner, Calvin Fletcher, J. V. Loomis, J. L. Conkling, I. J. Avery, and B. L. Hill, and their associates and successors in office, be and the same are hereby created a body corporate and politic, capable of suing and being sued, pleading and being impleaded, defending and being defended in any of the courts of this State.

SEC. 2. That the said corporation shall have a common seal, which they may alter or renew at pleasure; and that they shall be authorized to purchase, hold and dispose of property in their corporate capacity, under the name and style of the Eclectic Medical Institute of Cincinnati; *Provided*, that the capital stock of said Institute shall not exceed the sum of twenty thousand dollars, which shall be divided into shares of twenty dollars each

SEC. 3. That the Board of Trustees shall consist of not less than eleven nor more than fifteen members, a majority of whom shall constitute a quorum for doing business.

SEC. 4. That the members composing said Board shall be chosen by the stockholders, annually, on the first Monday of April, a majority of the votes cast being requisite to a choice; and in casting their votes each stockholder shall have one vote for every share of stock held by him, up to the number of twenty-five shares, and one vote for every five shares which he may hold beyond that number: *Provided*, that said Trustees may hold their offices and exercise the duties thereof until their successors are elected and qualified.

SEC. 5. That the officers of the Board shall be a President, Vice President, Secretary, and Treasurer; to be chosen by said Board out of their own body.

SEC. 6. That the Board of Trustees shall appoint a Faculty which shall consist of at least five Professors, who shall be competent to deliver lectures for the proper instruction of students in the various departments of medical science, which shall include Anatomy, Physiology, Pathology, Materia Medica, Obstetrics, Medical Jurisprudence, Practice of Medicine, and Surgery.

SEC. 7. That the Medical Faculty of this Institution, together with the Board of

Trustees, shall be authorized to confer the degree of Doctor of Medicine upon such persons as this degree is conferred on by Medical Colleges generally throughout the United States, (after the said corporation shall have acquired and shall possess property in its own right to the fair value of ten thousand dollars, to be estimated by three disinterested freeholders of the County of Hamilton, to be appointed by the Auditor of the said county, who shall make a return of the appraisement, which return shall be preserved in the Auditor's office,) and shall have the power of making such by-laws, rules and regulations as may be deemed necessary for the government of said Institution; *Provided* that nothing therein contained shall be inconsistent with the Constitution and laws of the United States and of the State of Ohio.

SEC. 8. That no student shall be allowed to present himself as a candidate for graduation in this Institute, until he shall present to the Faculty thereof satisfactory testimonials of the following requisitions: First, That he is twenty-one years of age. Second, That he is of good moral character. Third, That he has been regularly engaged in the study of Physic and Surgery with some respectable practitioner or practitioners for the term of three years, and that he has attended two full courses of Medical Lectures in some legally incorporated Medical College, the last of which shall have been attended in this Institution. But it is hereby *Provided*, That any individual who may have been for four years next preceding engaged in a constant and reputable practice of medicine, and shall have attended one full course of Medical Lectures in this Institute, shall be permitted to present himself as a candidate for graduation before the Faculty and Board thereof.

SEC. 9. That the Faculty and Board of this Institute shall not be permitted to grant a diploma to any applicant, until such applicant shall have passed a thorough, critical, and impartial examination; which examination shall be made by said Faculty, and shall include the various departments of Medical Science enumerated in Sec. 6, of this Act.

SEC. 10. That the Board of Trustees appointed by the first section of this Act, shall have power to perform all the duties which the said Board is hereby authorized to perform, until their successors shall have been chosen and qualified.

SEC. 11. That all vacancies which may occur in the said Board of Trustees, may be filled by a majority of the remaining members of the Board.

SEC. 12. That each and every stockholder shall be held in his individual capacity for debts contracted by the corporation, while he may be or shall have been a stockholder in the same.

SEC. 13. That this corporation shall not possess banking powers, and shall be subject to all the regulations and liabilities of an act instituting proceedings against corporations not possessing banking powers, and the visitorial powers of Courts, and to provide for the regulation of corporations generally, passed March 7th, one thousand eight hundred and forty-two.

JOHN M. GALLAGHER,
Speaker of the House of Representatives.
DAVID CHAMBERS,
Speaker of the Senate.
March 10th, 1845.

SECRETARY OF STATE'S OFFICE,
Columbus, March 27, 1845.

The foregoing is hereby certified to be a true copy from the original Act on file in this office.

SAMUEL GALLOWAY,
Secretary of State.

An amendment to this charter was afterwards obtained, by which the capital stock was increased to sixty thousand dollars ($60,000.)

Immediately after the passage of the act of incorporation in 1845, the Board of Trustees, consisting of Hon. Henry Morse, Hon. Joseph Howard, Thos. C. Newton, John Waggoner, J. S. Conklin, B. L. Hill, M.D., R. A. Madison, I. Wilson, M. D., James Goodin, Garret Vanausdal, Calvin Fletcher, Dr. I. G. Avery, and Dr. J. White, was organized, the following being the officers chosen:

Hon. Henry Morse, *President.*
Hon. Joseph Howard, *Vice President.*
I. Wilson, M. D., *Secretary.*
James Goodin, Esq., *Treasurer.*

The next step to be taken was the appointment of a Faculty, when the following appointments were made:

Anatomy—B. L. Hill, M. D.

Physiology, Pathology, Theory and Practice of Medicine—T. V. Morrow, M. D.

Surgery, and Medical Jurisprudence—H. Cox, M. D.

Materia Medica, Therapeutics and Botany—L. E. Jones, M. D.

Chemistry and Pharmacy—James H. Oliver, M. D.

Obstetrics and Diseases of Women and Children—A. H. Baldridge, M. D.

The Faculty was organized by the appointment of Prof. Morrow as Dean, and Prof. B. L. Hill as Secretary. Prof. Morrow also acted as Treasurer.

Here, then, in less than three years, Thomas Vaughan Morrow, by his extraordinary energies, had revived the old Western Medical Reformer, which had been discontinued in December, 1838, built up a large and lucrative practice, procured a very liberal charter for a first class college, organized a Board of Trustees and a Faculty, and planted in the best society the undying germ of a highly scientific and rational system of medicine. Morrow, L. E. Jones, Baldridge and Hill, put their shoulders to the wheel, and the car moved triumphantly on to the object to be attained. The friends of liberal medicine sent in cheering words, and notwithstanding the opposition of the friends of the Ohio Medical College, the Institute soon gained notoriety and an enviable character.

But before diplomas could be granted, under the charter, the corporation must have at least ten thousand dollars worth of real estate or property. As the corporation owned no property in its corporate capacity, students who were entitled to the degree were compelled to put up with a promise of the same. The Board, the Faculty, the friends of the institution, were busy in devising a way to enable themselves to issue diplomas. A great variety of plans were proposed. One was adopted, and upon its failure another was tried, but still the Faculty, with Morrow at its head, continued to persevere. One plan which they adopted was to execute their joint note for $10,000, and offer it to the Auditor as property. He refused to so recognize the note, however, and then they offered to deposit $10,000 in specie, which was also rejected, as not coming within the meaning of the law. Nothing but real property would answer. So the Faculty, acting as the Finance Committee of the Board of Trustees, purchased a lot on the corner of Court and Plum streets, 90x46½ feet, on which they at once proceeded to erect the present Institute building. To purchase material and erect the building required funds, which the corporation had not, but Profs. L. E. Jones, Morrow, Baldridge and Hill, made liberal advances, and the work was rapidly pushed to completion. Prof. Jones, especially, deserves the thanks of the profession for his liberal advances.

The lectures of the winter course of 1845 and '46, were delivered in the old Fourth Street Hall, where Hart's block has since been erected. In the fall of 1845, Prof. W. Beach, the veteran founder of the Eclectic system in America, accepted, and filled with great satisfaction, the chair of Clinical Medicine and Surgery. On the 25th of March, 1846, one year and fifteen days after the establishment of the Eclectic Medical Institute, by Morrow, Jones, Baldridge, Hill and others, Dr. Joseph R. Buchanan, a gentleman who had been known as a popular lecturer on phrenology, was appointed to the chair of Physiology, Institutes of Medicine, and Medical Jurisprudence. It was thought that this appointment would be one of great policy, and in one sense it was, from the fact that Prof. Buchanan was a fluent speaker and a ready writer, and though he knew but little of medical science, he had the ability to perceive the errors of old physic, and waged a noble war on it, for all of which the writer feels disposed to give him full credit. In a future chapter, his asserted discoveries in the physiology of the nervous system will be fairly examined, and the merits and demerits of neurology honestly expressed.

The college edifice which had been commenced on the corner of Court and Plum streets, in 1846, was not finished in time for the lectures of '46–7, so that they were delivered in a building on the corner of Ninth and Elm streets. The Institute building was first occupied by the Faculty and class of 1847.

In 1849, after the whole labor of establishing the school had been completed, a plan was set on foot, by Profs. Buchanan and Hill, to establish a Homœopathic chair, which at once caused the resignation of Profs. Baldridge and Oliver. They were succeeded by Profs. Gatchell and Stallo, and the chair of Homœopathy was filled by Prof. Rosa. It was, however, soon seen that this commingling of heterogeneous elements would not work, and they were soon displaced, and others appointed to their places. It will be borne in mind that after the passage of the act incorporating the Eclectic Medical Institute, various reform schools which had been previously established, more or less Thomsonian in their tendency, sought to come under the same code of ethics, and some even called themselves Eclectic. The teachings of some of these schools seemed to be unexceptional. Among the schools so established may be mentioned the Rochester College, and the Memphis Institute, at Memphis, Tennessee. This latter college had an able Faculty, among whom were Profs. Powell, Newton, Sanders, and Freeman, now of the Eclectic Medical Institute.

In 1849–50, the Faculty was composed of Profs. Gatchell, Buchanan, Morrow, Rosa, Hill, L. E. Jones, Stallo, W. Beach (Emeritus.) But on the 16th day of July, 1850, Prof. Morrow died of dysentery! This was the heaviest blow that ever fell on American Eclecticism. Those of the Faculty who understood the principles of Eclectic practice, were absent from the city, and he was allowed to die of a disease which has ever been most easily treated by Eclectics. Prof. Buchanan, his attending physician, no doubt did what he believed to be right, but that does not nor should not prevent us from critically examining his treatment, which will be done when this matter is revised for permanent publication.

The Eclectic Medical Institute was now without a head. Its leader was lost, and confusion soon enveloped the school in every conceivable embarrassment. Prof. I. G. Jones was induced to come in the school to fill the vacancy occasioned by Morrow's decease. But unfortunately, not a remaining man in the Faculty, Dr. I. G. Jones included, could fill Morrow's place. Prof. Buchanan was destitute of financial capacity, and Prof. L. E. Jones, who was a thorough business man, was too much engaged to take charge of that department. In fact, had he desired it, he could not well have secured the position. Prof. Buchanan had unbounded confidence in himself, and was in no sense disposed to give way for any one else. So rapidly did the business of the college become a mass of confusion, that Prof. I. G. Jones, Prof. B. L. Hill, and Mrs. T. V. Morrow, who had, as the representative of her husband, a large interest in the corporation, wrote three several letters to Prof. R. S. Newton, who was then in Memphis (January, 1851), urging him to come to Cincinnati, and take part in this school. Prof. Newton came to the city to see what proposition would be made, and a meeting of the unresigned members of the Faculty of the Eclectic Medical Institute, consisting of Profs. Buchanan, L. E. Jones, I. G. Jones, and B. L. Hill, was then held, the result of which was a proposition from the Faculty of the Eclectic Medical Institute to that of the Memphis Institute, to abandon the latter, and an invitation to Profs. R. S. Newton, W. Byrd Powell, Zoheth Freeman, and J. Milton Sanders, to accept chairs in the Eclectic Medical Institute. These official documents and letters will be hereafter produced. Profs. Newton, Freeman, and Sanders, accepted the proffered chairs, but Prof. Powell refused t be associated with Prof. Buchanan, notwithstanding the latter offered to divide his chair with Prof. Powell. There were good and sufficient reasons why these two gentlemen should not occupy places in the same institution, but as they are of a private character, I will not adduce them unless the position be questioned. The refusal of Prof. Powell to accept a chair, led to the appointment of Prof. John King, notwithstanding the objections which Prof. Buchanan urged against him, which are boldly expressed in a letter now before me.

Resignation after resignation followed, until 1852, when there were left of the Faculty only Profs. L. E. Jones, Newton, King and Buchanan. It may be asked why there were so many resignations? The question is easily answered. Prof. I. G. Jones, whose interest was centered in Columbus, found his health declining, and as the school did not pay him for the neglect of other business, he concluded to resign. Prof. Buchanan, ever ready in an emergency, conceived a plan of free education, by which the classes would be so much enlarged that the aggregate income would be greatly more than under the pay system, to say nothing of the increased sale of books, income from private lectures, &c.—a movement which, though indicative of a large philanthropy, was a theory merely, and against the practical workings of which, Profs. Freeman and Sanders so strongly protested, that upon its accomplishment, they felt it a duty to resign. I have elsewhere written of this movement, and will hereafter furnish the whole scheme and its results. It is sufficient to say, in this connection, that the scheme was decidedly suicidal; for, while it did not increase the classes, it lowered the dignity of the school, and cut off the salaries of the Faculty. It drove other colleges to the adoption of a reduced fee bill, and caused many honorable young gentlemen to shun the western schools, for fear of being reminded of "charity students"—a name which has always been detested by those proposing to enter our profession.

Without entering particularly into the condition of the school in 1851–2, I beg to say, that in May, 1852, being engaged in publishing the first volume of my history of South-western Virginia, in this city, I formed the acquaintance of Profs. Buchanan and Newton, both of whom proposed that I should accept a chair in the school. Though I had been educated as an Allopathic physician, and had been in practice on that system about seven years, I had been a reader of the Eclectic works which had, from time to time, been issued by the Faculty of this school, and had ceased to practice what I now conceive to be the errors of Allopathic medicine, some years before. I certainly should not have connected myself with this branch of the profession, because I had determined to withdraw from practice entirely. Yet I admitted the truths of Eclecticism, and actuated by an honest ambition to acquire an honorable position, I consented to accept the chair of Materia Medica, Therapeutics and Medical Botany. When the announcement was made in the summer of 1852, the Faculty was thus organized: R. S. Newton, Surgery, &c.; L. E. Jones, Practice, &c.; J. R. Buchanan, Physiology, &c.: G. W. L. Bickley, Materia Medica, &c.; John W. Hoyt, Chemistry, &c.; John King, Obstetrics, &c.; W. Sherwood, Anatomy, &c.

Here, then, was a new organization, in which three young and inexperienced men, Sherwood, Hoyt and myself, were called on by the responsibilities of the positions we occupied, to discharge the duties of veteran teachers. I can speak confidently of myself, and do not hesitate to say, that I felt the need of more preparation, and was only sustained by the conscious intention of doing the best I could. Never have I labored so hard in the discharge of any duty, as to deliver with credit that course of lectures, and notwithstanding I wrote out in full every lecture, so as to surely sustain myself, I was hissed by a very excellent gentleman from Massachusetts, when lecturing on the subject of narcotics, which nonplussed me, and led to some unpleasant feelings. Upon investigation, however, the gentleman disclaimed all intention of disrespect, and furnished the following denial, which was afterwards published in the E. M. Journal and in several publications.

CINCINNATI, FEB. 19, 1853.

PROF. G. W. L. BICKLEY:

DEAR SIR—In reference to the hissing referred to in the pamphlet purporting to be a "Report of the Eclectic Physicians of Cincinnati," allow me, in justice to you and myself, to state that I am the man who did the hissing, and I declare to you, upon the honor of a gentleman, that it was not intended for you, but for my roommate, who was at the time applauding, inasmuch as your lecture sustainad his views on the subject, and not mine.

With respect and esteem, I remein truly,
Your obedient servant,
WM. S. SEVERENCE, M. D.

Notwithstanding this direct disclaimer, I felt most keenly the circumstance, and renewed my energy to give satisfaction, in which I think I finally triumphed.

With Sherwood matters went worse. With a difficult delivery, he found himself embarrassed often in plain descriptions, though there is no doubt in my mind that he did the best he could. Complaint after complaint reached us of Sherwood's incompetency, and as the murmurs of a very large class were not to be disregarded, Prof. R. S. Newton used every means at command to restore order. The matter was carried so far that a meeting of the discontented part of the class—a very large part it was—met and were preparing resolutions expressive of their dissatisfaction at his course, when again Prof. Newton and Dr. Freeman, who, though not connected with the school, interposed and begged of the students a suspension of opinion—at the same time reminding the students of the embarrassments with which they would be surrounding Prof. Sherwood. Freeman was known to many gentlemen of the class as an able anatomist, and they were desirous to have him displace Sherwood. He at once rejected the proposition, and used every energy, as did members of the Faculty, in persuading the students to order.

With Prof. Hoyt matters went less hard. He was lecturing on a subject in which but few felt an interest; and though by no means a competent chemist, he gave no direct cause for discontent.

In December it became known to the Faculty, that between Prof. Jones and Prof. Buchanan there was an unpleasant misunderstanding. The basis of this matter is of a private character, and I shall only refer to such matters as have become public. Prof. Buchanan made various charges against Prof. Jones, which were made with such apparent sincerity that the Faculty were deceived, the writer among the rest, and it was at once determined to expel him. Not one of us dreamed of the injustice we were doing Prof. Jones, because we believed the statements of Prof. Buchanan, and acting upon that belief, we were united in our opinion that he ought to be expelled. When I look back now, in calmer moments, I know not how it was that we ever refused Prof. Jones an opportunity to vindicate himself, or to impeach Buchanan's testimony. Jones was literally gagged, and his expulsion was effected on the evening of December 31st, 1852, by a foul and unfair combination of six men, who were deceived by the misstatements of Prof. Buchanan. I may have occasion hereafter to furnish a full chapter on this injustice to one of the original founders of the Eclectic Medical Institute.

This expulsion rendered some change in the Faculty necessary, and it was effected by placing Prof. R. S. Newton in the chair of theory and Practice, and Prof. Freeman in that of Surgery. This restored quiet for a while, as it gave Prof Buchanan a free rein to teach neurology, (against which Prof. Jones had so strongly protested,) and to detract the attention of the class, by calling them off to attend private lectures on spiritualism, psychometry &c. But in a short time there appeared a pamphlet, reporting the proceedings of a part of the Eclectic physicians of Cincinnati. Upon its merits there arose a fierce war on paper, which led to the ridiculous frailties of all concerned.

At the end of the Spring session of 1854, having become almost blind from amaurosis, I felt it a duty to resign my chair in the school, and to endeavor to effect by rest what I knew could not be accomplished by medicines, viz., restoration of my sight. The loss of the sight of a man in the vigor of life, may seem to be a small affair, but to me it was a serious affliction, and added to the results of my experience, many serious reflections upon the kindness of Providence in blessing us with the faculties of external sense.

The writer does not feel disposed to enter into the minutia of the doings of the Faculty of the two years in which he held a seat in the school, from 1852 to 1854, lest he might be drawn into a book that would not suit these abbreviated chapters, which are intended more for the immediate friends of this school, than for the general profession. [TO BE CONTINUED]

SANDERS' MAGNETO-VOLTAIC BATTERY.

BY PROF. J. MILTON SANDERS.

An apparatus which shall obviate the inconveniences of the galvanic battery has long been a desideratum. The acids of the latter preclude its being used in parlors, or any apartment where carpets or elegant furniture is present; while the gases eliminated act upon every thing of a metallic nature in the room, not to mention their deleterious action upon the lungs of the patient and the operator. Then the cost of keeping a number of cups in action is no small item, besides the trouble and annoyance in having them always ready for action at the call of the patient.

It was these continued annoyances in the use of the galvanic battery, which led to the experiments that resulted in the construction of our "*Magneto-Voltaic Battery*," a designation which comprises the intensity and quantity of electricity which this machine gives out, and its source, perhaps more appropriately than any other combination of terms of the same length.

This machine is composed of eight powerful permanent magnets, and eight armitures. The latter are two and a half inches in length, composed of soft iron, six-tenths of an inch in diameter. These armitures are wrapped with separate strands of very coarse copper wire, each strand being but a few feet in length, and just long enough to give such intensity to the current as to enable it to pass through the body. There is no waste in the intensity, but after sufficient of that is obtained to enable the current to pass through the system, then the balance of the inductive power of the magnets is consumed solely in quantity. These machines, therefore, give both intensity and great quantity, while the to-and-fro action of the currents is turned into one steady direction, and thus the machine is assimilated to the galvanic battery in every particular. As a proof of this, we would mention that the electro-metallurgic action of this machine is fully equal to twenty cups of Grove's battery, or two hundred cups of Smee's battery. While, therefore, 200 cups of Smee's battery would cost not less than four hundred dollars, this machine does the same work at a first cost of fifty dollars, and with no subsequent cost. But supposing the cost of the two batteries were even reversed, still the verdict of all those who are acquainted with the practical working of batteries, would be in favor of ours, for its absence of acids and gases, and of all expense in its working, would soon recompense the extra money paid for it. But when we recollect that the cost of this very powerful machine is only fifty dollars, while its equivalency of electrical power, if obtained from some batteries, would cost at least four times as much, we should not hesitate a moment in pronouncing in its favor.

The Magneto-Voltaic Battery will electrolyse mercury and other deleterious metals from the system in fifteen minutes. One electrolysis is generally sufficient, but it sometimes requires two or three sittings, in order to withdraw entirely from the body all the mercury that may be lingering there.

In all other machines, whose currents are obtained through the inductive action of permanent magnets, the current, as all know, is very intense and intermitting, so that its passage through the body is attended with intense and painful jerking. Such machines, we would here remark, are much worse than useless. They are really harmful, and their use has therefore been attended with much mischief. It must be recollected that it is not *intensity* which either cures disease or withdraws metals from the system, but it is *quantity*, and that the electrolysis is in a direct ratio to this quantity. If a thousand of the little magnetic toys, such as those made by Smith, of New York, and others, were connected together so as to get all the quantity they could eliminate, they would not be susceptible of withdrawing one grain of mercury from the system. As the like quantity which is required to extract metals from the system, is likewise required to cure disease—as disease yields only to quantity and not intensity—then the magnetic toys which jerk and pain, and give nothing but intensity, are totally useless as curative agents. One of these batteries of ours will give more quantity than lies within a thousand of the magnetic toys referred to, were they all connected together so as to produce their greatest quantity; therefore, while the Magneto-Voltaic Battery is an instrument of immense power and efficiency, the magnetic toys are not only valueless, but they are absolutely pernicious and dangerous, and ought not to be encouraged by an enlightened profession.

The reader is now cognisant of the fact, that both the cure of disease and the elimination of pernicious metals from the system, do not depend upon the intensity of the current, but the actual quantity, or in other words, upon the positive amount of electricity used. It should be recollected, that the law which is involved in the decomposition of a metallic compound is an universal one, and is well understood by physicists. We know that the same amount or quantity of electricity which will decompose from its compounds 32 grains of zinc (or one chemical equivalent), is just sufficient to decompose from its combinations 32 grains of copper, or 203 of mercury, or 108 of silver; or 200 of gold, or 28 of iron, or 104 of lead, or in a word, one chemical equivalent of any of the metals. As the magnetic toys would be required to work incessantly for days before they could eliminate a sufficient quantity of electricity to decompose a grain of a mercurial compound, they are therefore useless in that particular, while the intensity of their action is such, that they are are absolutely dangerous. As they produce no quantity, of course they cannot cure diseases, for they yield only in a direct ratio to quantity, or the positive amount of electricity used. While, therefore, the word *quantity* is equivalent to the direct amount of electricity, the word *intensity* only refers to the *condition* of the electricity, and not to its actual amount; and consequently, while our machine involves directly the amount (or weight of electricity, were it ponderable), the magnetic toys only trifle with its condition, or the susceptibility of a minute quantity being attenuated into great intensity.

From the above remarks it will be perceived, that our Magneto-Voltaic Battery fulfills a desideratum long required, and that no other machine, unless similarly constructed, can fulfill the conditions desired. Nothing, except a number of voltaic cups, can substitute this machine, and they, it has been shown, can only be used with the sacrifice of a considerable constant expense, and of all that is elegant, clean and agreeable.

It would be irrelevant, at this late day, for us to say aught in relation to our discovery of the electrolysis of mercury and other metals from the system, by aid of the voltaic current. Although an experiment we have effected successfully at least one hundred times, our reiteration of it would have no further weight with the Allopathic profession, who perhaps do not doubt so thoroughly as they would have us believe

Hereafter we shall let others speak for us. In the next number of this Journal there will be a communication from one of the ablest chemists in Indiana, upon the electrolysis of mercury, and the halogens from and through the system. This physicist wrote to us several months ago in regard to the subject of withdrawing from, and passing through the system the metals and the halogens. With an air which implicated no little scepticism, he requested that we would give him explicit directions for the purpose, so that if there was truth in our discovery, he could prove it to himself and those sceptics around him. Believing that a man of this gentleman's learning and ability merited our highest consideration, we wrote him full directions how to proceed. In a fortnight after that, we received his first letter, in which he said that with eighteen cups of Grove's battery, he had withdrawn from three persons considerable quantities of mercury. In a second letter he informs us that he has as signally succeeded in several other cases, all the physicians of the town, with their families, being present and eye-witnesses of the fact.

Now that we have awakened men of science to the fact, and that our experiments have succeeded in proving beyond refutation that mercury and other deleterious metals, which have laid for years secreted within the system, can be withdrawn therefrom by means of the voltaic current, we hope that the Allopathic profession generally will take hold of this matter, and prove it to themselves. Let them only do this, and it will not be a great while before the emphatic denials which now fill their journals, will be changed to language which will do justice to one who has spent fourteen years in toiling to substantiate, confirm and disseminate his discovery among those most interested in the truth of its details.

Laboratory of the Eclectic Medical Institute, Cincinnati, January, 1857.

* * *

M. Lecointe has employed chamomile successfully in facial neuralgia.

OPERATION FOR STONE IN THE BLADDER.

BY PROF. R. S. NEWTON.

There has been a vast amount of suffering in consequence of the formation of calculi in the kidneys and bladder. Many men suffer with stone through a long life, and never imagine the nature of their disease. It is not uncommon to find such calculous deposits in subjects for dissection. Men are not alone the subjects of the disease, as we sometimes find stone in the bladders of horses, hogs, &c. I have now in my possession a large calculus taken from the bladder of a hog, precisely similar to some that have been taken from the human subject. Surgery accomplished much when it acquired the principles and practice of lithotomy; and though few surgeons have practiced it to any very great extent, yet all competent surgeons are now ready to undertake the feat, which, though one requiring great skill, may be performed with safety by a judicious operator.

There are various plans of operating, none of which have proven to be more successful than the lateral operation of Cheselden. This, however, will depend very much upon the character of the particular case. No operation in surgery has excited more attention from the profession than that of lithotomy. In this country perhaps no surgeon has had better success than the elder Dudley.

Without here inquiring into the nature of the causes which favor the formation of stone, I may remark that it is seldom found in children who have been abundantly supplied with the necessaries of life, and much less often in the poor than in the rich. It would seem that certain constitutions are more liable to the disease than others, the most favorable one being the scrofulous.

To facilitate the operation, all the inventive skill of the profession has been taxed in producing the best instruments, none of which, for the lateral operation, are equal to the ordinary Gorget of M. Roux. Having examined the bladder with a metallic sound to assure us of the existence of a stone, and determined upon the necessity of an operation, it will be necessary to prepare the system for the shock consequent upon the operation, which may require several weeks, unless the symptoms are urgent for an immediate operation.

The next question for the consideration of the surgeon, will be to determine which of the common plans of operating he will adopt, there being several, as the lateral, the bi-lateral, the recto-vesical, and the high operation above the pubis. The first and the last are the simplest plans, though the bi-lateral and the recto-vesical may each be sometimes preferable. The high operation is exceedingly simple, but there is great danger of urinary infiltration, which always proves fatal when it occurs, and hence surgeons prefer the lateral operation, which is regarded as safer especially by American operators.

To perform this operation with success, one must have an intimate knowledge of the anatomy of the parts, and even then there may be such a displacement of the arteries of the part through which the incision is to be made, as to cause extensive hemorrhage, under which the patient may rapidly sink. So, too, if the operation be bunglingly performed, there may be urinary infiltration or excessive inflammation.

I will illustrate the subject by an operation which I very recently performed in Newton's Clinical Institute.

Joshua Mason, of Clifton, Tennessee, was sent to me by his friends, who could find no one in his neighborhood to perform the operation on him. When he arrived he was in a very weak and emaciated state, and as his symptoms were not extremely urgent, I thought it best to put him under preparatory treatment.

Mr. Mason furnished the following account of himself: He was 47 years of age, and had been laboring under calculous disease since he was 12 years of age. He seid he was a very poor man, with a family of six children, from which we may readily suppose that he had labored under some privations. When about twelve years of age, he passed a stone as large as the end of his finger, which had lodged in the urethra a day or more, and gave him much pain. Since that time he had labored under constant pain in his back and hips, and it appeared to him that one of his kidneys was frequently swollen as large as his fist, and exceedingly painful when pressed. His urine had always deposited a heavy sediment, though, as he was so very poor, he had sought no medical aid until 1852, when Dr. W. Hunter, of Clifton, examined him. Not receiving the alleviation he had sought, he called in Dr. Wolf, of the same place, who recommended him to come to me for an operation. His friends finally raised him money enough to pay his traveling expenses to and from the city, and trusting to circumstances, he had come to the Clinic for treatment. He said that he had lost an uncle by cancer, and another by scrofula. He had been a temperate man, and those who had prescribed for him gave him nothing but copaiba and nitre.

On the 9th of December, 1856, he was placed on the operating table before the class of the Eclectic Medical Institute. Being ætherized, I immediately proceeded to operate, removing the stone and exhibiting it to the class in 4¾ minutes from the first incision. The stone was about 1¼ inches in the long diameter, and a solid oxalate of lime mass. After dressing the wound he was removed to his ward, and at the end of 21 days, was again presented to the class, perfectly cured, and was discharged. There was scarcely any hemorrhage, and though a restless and stubborn patient, he has been enabled to return to his family in a much better condition than he has been in for many years.

The whole secret of success in these operations is a perfect knowledge of the parts and of the minutia of the operation. Of course, there are cases in which the best surgeons will fail, but I am satisfied that when both surgeon and patient are governed by proper care the large majority of patients will recover.

them beyond the elements of English literature. This is an unfair stand, however, taken in consequence of the abuses of an imperfect system of instruction. It is always dangerous to partially instruct females, for such training is sure to prepare them for the reception of dogmas, which, if they fully comprehended, would be thrown from them with utter contempt.

Women are, like children, *imitative*, every where and under all circumstances: they desire to dress like others, to act like others, to think like others, and to follow especially such as make a stir in the community, and get their names into the papers. Their ambition is quite as active as that of men, and unless it is properly directed, they are apt to seek the same kinds of notoriety.

I honor the efforts to promote education in the New England States, but I must be allowed to question the policy which has been adopted in giving caste and direction to the system. If we would build up a natain in which virtue was a predominant feature, we must educate females in the elements of piety and virtue, but it does not follow that because we wish to enlighten and elevate our statesmanship, our daughters are to be thoroughly drilled in political economy and the principles of legislation. In New England neither time nor means are spared to educate the females, while the males are over-taxed with labor to discharge their sisters' duties, as well as their own. Hence the men of New England, though generally furnished with good rudimentary instruction, are universally deficient, when compared with their sisters. The girls are prepared for teachers, while the boys are prepared for the drudgeries of farm work. The girls scatter themselves over the country in the capacity of teachers, and if they do not succeed in acquiring a matrimonial establishment in a few years, they begin to scribble for the papers, and having once tasted of the excitement incident to authorship, they soon espouse some cause much more suited to men, and in the advocacy of which, lose all feminine distinctions, and as readily mount the rostrum as the veriest old stumper of a heated political campaign. Their ambition, when once aroused, knows no bounds, and hence we find them seeking entrance into the various learned professions, and demanding, as a right, equal privileges in all the departments of life. They have taken upon themselves the sacred character of the minister of Christ, and harangued from the pulpit with as much ardor as from the rostrum of "Liberty Hall." We find them penetrating the benighted lands of heathendom, and undergoing toils that might well appall the most energetic man. Then again, we have seen them organizing themselves into semi-political bodies and demanding of State Legislatures the right of the elective franchise and a common share in all the business of the States. We have seen them assembled at Hartford to overthrow that very religion which has elevated them from serfdom to an equality with man, and striving with the aid of "higher law" men, to establish a communication with the unknown land of departed spirits, and to overthrow the very government for the independence of which their mothers sacrificed every comfort and often life itself. We have seen them in hysteric exultation over the pages of a romance, while rending in pieces the federal constitution and defaming the name and character of Washington, to whom they owe every thing short of life. We have seen them engaging in all the departments of commerce, and clamoring for admission to the bar and into the medical profession; and into this latter before they hardly knew the nature of a woman. We have seen them organizing matrimonial egletairism, and denouncing the marriage tie as unholy in the sight of God, and a burdensome slavery not to be tolerated.

I leave it for others to argue the general features of the evil, and I revert briefly to that with which I am more particularly acquainted—the medical education of females, and the true sphere of the female medical profession.

As there are persons who *will* practice midwifery, and others who prefer to employ females, I think it humane to educate such as are determined to follow the art.

One would think that only mothers, who had themselves some experience in maternity, would seek to prepare themselves for such a profession; but strange to tell, the majority of those whom I have seen in medical colleges are young and unmarried women, and in a few instances in their teens, and seldom over twenty-six or thirty years of age. Nor does it appear that they were seeking to prepare themselves for the special exercise of the obstetric art, but they engaged in all the departments of a medical education, from the most abstruse to the simplest branches, and would consider themselves wronged if excluded from hearing the lectures on those departments in which the most indelicate language must be used.

So long as there were no colleges organized for their special education, we felt it to be a duty to do what we could to prepare them for practice. The advent of Miss Dr. Blackwell into the profession gave a new stimulus to such of her sex as sought that kind of distinction, but the better judgment of some of the more discreet, both among the male and female physicians, suggested the establishmegt of female medical colleges, one of which was located in Philadelphia and another in Boston, and as far as I know, both are supplied with able teachers. Of the many who have attended the halls of the Eclectic Medical Institute, only a few seem to be preparing for the duties of the midwife, and while we have graduated some very excellent ladies, I am satisfied that they will find that a general practice of the healing art is by no means adapted to the tastes of a refined lady.

The question may be asked, "Who should be educated as midwives?" I answer, the matronly and experienced, but certainly not the young and inexperienced, who seek only notoriety. Females generally are adapted to nursing, and from this fact very many excellent persons have supposed them to be eminently qualified for a general practice. A greater mistake was never made.

Let us imagine what a female medical student in a male medical college has to undergo, and as I shall state only the facts, I leave it for the profession and the public to say whether or not I am right in the positions I have taken. Young men are the same every where, and usually entertain exalted views of delicacy in females; and while they are disposed to pay every deference to the fair, when moving in their proper sphere, they soon become totally disgusted with females, when they so far unsex themselves, as to deliberately walk into a dissecting room and coolly participate in dissecting *every* organ of the human body in the presence of males, listening to the remarks of the male students, and exhibiting more than ordinary interest in the demonstrations of those organs which bring the blush to the cheeks even of men. Every department of instruction in a medical college has some lectures which no female, surrounded by males, should hear. The anatomist must point out and explain the structure of every organ; the physiologist must explain their use and functions; the surgeon must describe the most loathsome diseases of certain kinds, which can hardly be done in language inoffensive to delicate ears; the therapeutist and pharmacologist must describe how certain agents affect certain organs, and how they are used, and under what circumstances; the obstetrician must not only describe the peculiarities of certain organs, but he must speak of them in all conditions, and in the discharge of his duties he must use comprehensible language, and he must also go through certain manipulations which ought not to be seen by females in the presence of men; the professor of practice must often either neglect certain diseases, or offend the ear of delicacy by the descriptions incident to them; the medical jurist has to treat of certain subjects, as rape, infanticide, abortion, impotency, sterility, paternity, &c., which every medical jurist knows must be dealt with in "plain English," and which no "lady" should hear from the lips of a man in the presence of male students. Imagine the remarks that must be constantly falling on the ears of female students from the lips of males—remarks provoked simply on account of their presence, and which would pass unnoticed, if there were no females present. Again, it places the male students, as well as the professors, under constant embarrassment, the latter of whom are brutalized by being compelled to forego their ideas of delicacy, in the conscientious discharge of their duty as teachers.

And when the course of studies has been completed, female physicians are constantly subject to the coarsest remark, if they engage in a general practice, by the community at large; and every one knows that there are forms of disease which could not be examined by a general female practitioner without first laying aside every feeling of refinement.

In consideration of these facts, it appears to me that females should attend female colleges, and after they have been graduated, that they should engage only in the practice of midwifery, and for the diseases common to their own sex. They, in reality, require only a knowledge of the art of obstetrics, and a due acquaintance with physiology and hygiene, to enable them to become useful members of the community.

I have expressed my own convictions, and I fully believe, the common sentiment of the profession.

COMMENCEMENT EXERCISES OF ECLECTIC MEDICAL INSTITUTE.

Held in Melodeon Hall, January 30, 1857.

The Commencement of the winter session of the Eclectic Medical Institute, which took place on Friday evening, the 30th of January, was one of the most dignified and interesting occasions of the kind that has ever taken place in our city. The hall will seat about 1400 persons, and though the evening wss a snowy and disagreeable one, the house was full.

The exercises were opened by a very appropriate prayer from Rev. N. S. Smith, which seemed to deeply impress every one present with a due sense of the solemnity of the occasion. This was followed by a report from Prof. R. S. Newton, as Treasurer of the Board of Trustees. The report showed that the total number of matriculants for the past session was 120, 43 of whom had been recommended by the Faculty as proper persons to receive the degree of Doctor of Medicine. The institution was shown to be in a prosperous condition; and at the close of the report Prof. Newton made the following remarks, which were received with marked attention.

LADIES ALD GENTLEMEN: It affords me great pleasure to meet an audience composed, as this is, of old and substantial citizens, whose minds have been polished by the refinements of education, and whose worth has been hightened by a dignified moral sentiment, and also of the fair and the beautiful, who always appreciate the high and laudable aims of the student's ambition.

I observe many present who have been the warm friends of the Eclectic Medical Institute from its earliest existence, and who, with an unwavering patience, have borne with us the burden of opposition, with which all reform movements have to contend. You have seen us assailed by private enemies and by conspiracies of professed friends, who sought, under the garb of professional zeal, to destroy our character, to render our names odious, to misrepresent us before the community, and even to destroy our corporate existence. You have seen us dragged into the newspapers by malicious attacks, and harrassed by ceaseless litigation.

You believed we had a right to defend our character and our property. You have seen us triumph over our enemies: you have heard the voice of justice and the lips of the people pronounce the decrees of right and truth; and on the part of the Faculty which I have the honor to represent, I beg to assure you of the continued appreciation of the courtesies and sympathy which you have ever extended to us.

We have assembled this evening to confer on these forty-two young men and this lady an honor for which they have been toiling for years. To prepare themselves for the reception of the degree of Doctor of Medicine at our hands, they have forsaken the haunts of repose, and the allurements of pleasure. They have wasted the midnight oil, and bent all the powers of the mind in the acquisition of that knowledge which is to prepare them for the high and responsible calling of the physician. They have left their homes and families in distant States, severed the connections which bound them to old associations, and taking converging roads, they have centered in our city, to complete those studies which are to enable them to discharge with skill the duties of their profession. Here they have been met with your hospitalities and urbanities, and we believe that they will return to their homes our friends, prepared to defend the character of our city, and to correct erroneous reports which have gone abroad, prejudicial to us as a people.

By the stipulations of our charter, these graduates are compelled to read three years, and attend at least two courses of lectures. In the time they will probably have read eight thousand pages of medical literature, and heard thirteen hundred lectures upon the various departments of medical science. In addition to this, they have each undergone a personal examination before the Faculty. They have honorably sustained themselves in the ordeal through which they have passed, and we are about to confer on them that certificate which will guarantee to them all the immunities of their profession, throughout the civilized world.

As their teachers, we have endeavored to clearly impress upon their minds those great facts and principles of the healing art which experience has taught us are the most effective in the hands of judicious men in controlling disease. We have carefully presented them with the generally admitted facts taught in all the sectarian schools, and in addition to those, the great principles of Eclecticism, and the true value of the medicines which they are expected to employ. We have shown them that our school not only uses the best agents of all the schools, but that our list of agents is more complete; that they are prepared in the best forms for dispensation; that Allopathic physicians do not understand the true nature and mode of operation of many of the agents used by us. We have taught them new and more correct principles of pathology, and illustrated that pathology by physiology, chemistry and practice. We have shown that we can command the secretions, and modify the action of important viscera, more surely with vegetable compounds, than with mercurial preparations; that there is no disease the indications of which warrant the use of such a poisonous agent as mercury; that arsenic, antimony, and the various preparations of gold, are never used by true Eclectic physicians. We have shown them that to bleed a man is to rob him of the very elements of life; that the percentage of cures effected by Eclectic practitioners is greater than that by any other class of physicians, and we point with pride to our patients, and ask to be shown one who has been disfigured by mercury, or any similar compound. We have shown that the essential nature of many agents is not understood by the old school men, and that whenever the two systems are applied under similar circumstances, the Eclectic system has gloriously triumphed. Then we commend these gentlemen to the public, confident in the belief that they will sustain themselves, and repel disease from the feast of the grave.

Gentlemen, may prosperity, and the plaudits of the people, follow you through life.

At the close of the above remarks, the band struck up a lively air, when the ceremony of conferring degrees took place. This duty was performed by W. B Pierce Esq., President of the Board of Trustees, who, after calling out the following named gentlemen and lady, conferred upon each, in due and legal form, the degree, handing to each his diploma.

Jerome Napoleon Bettis, Can. West.
Marquis Larome Bass, Indiana.
Brice Martin Cayce, Tennessee.
Andrew Jackson Compton, Ohio.
John Wesley Crook, Indiana.
William Cook, Kentucky.
John Craig, Indiana.
William Innes Duling, Mississippi.
Dixon Lewis Davis, South Carolina.
Abraham Harrison Deputy, Indiana.
Richard Henry Deener, Tennessee.
William Gore Elder, Missouri.
William Sidney Fish, Indiana.
Harris Fisher, Georgia.
George Henry Fuller, N. Hamp.
Ralph Barnobe Griswold, Conn.
Rolland Thompson Hart, Miss.
John Spooner Hale, Maine.
Lorenzo Dow Jared, Illinois.
Clement Thomas Kirk, Mississippi.
William Sumpter Milam, Georgia.
Edith L. Owen, Mississippi.
John W. Parish, Indiana.
George W. Picking, Ohio.
Benjamin Franklin Payne, Ohio.
Henry H. Perry, Indiana.
Cornelius Dalford Rice, Ohio.
Hiram Leslie Smith, Ohio.
William Washington Smith, Va.
Levi Durham Satterfield, Ky.
William Bradley Squire, Indiana.
Isaac Spangler, Virginia.
John Steelman, Ohio.
William Shipp, Alabama.
Romulus Coe Sprague, Illinois.
George Washington Williford, Ill.
John Washington Steele, Tennesseee.
Charles Hall Walton, Kentucky.
Lewis H. Weatherby, Ohio.
Isaac Kessling, Ohio.
W. Smizer, Ohio.
A. B. Westcott, New York.

Honorary Degree.

Henry Suffrens Sanders, California.
Sylvester H. Newcomb, Ohio.
James A. Todd, South Carolina.
J. M. Goss, Georgia.
C. K. Brown, New York.

After which the band again discoursed sweet music.

The next performance was the delivery of the valedictory in behalf of the graduates, by Isaac Spangler, M. D., of Virginia, which was as follows:

Ladies and Gentlemen: We have assembled here this evening for no political or sectarian purpose; but as a band of professional brothers, co-laborers in acquiring medical knowledge and skill, wherewith to combat the physical, and to some extent the mental and social ills to which humanity is subject. It is a kind of jubilee with some of us. Not that we are delivered from further study and research, but from the necessary thraldom of college life. We greet you, then, as friends of science, and propose, as briefly as possible, presenting some thoughts appropriate to the occasion.

Every man's sentiments are his own until publicly announced, then they are open to investigation and criticism. So is it with individuals. Professional life makes the individual, in one sense, public property. That is, the public have the right to know his qualifications to discharge the duties incumbent upon him. This principle is the safeguard of society, the only reliable security against gross imposition. It is recognized and acted upon by the people with reference to the ministry and members of the bar. A church, in its official capacity, licenses men to preach the gospel, but the individuals composing the body of the church claim the right, and exercise it too, of judging the qualifications of their clerical teachers, and approve or condemn, as the case may be. A court may license one to practice at the bar, but the people are the judges of his abilities, and he succeeds or fails, as public sentiment decides. So it is with the profession of medicine, notwithstanding the croakings of interested would-be dictators. The idea has been freely promulgated, and believed by some, that the people generally are not capable of judging correctly of the merits or demerits of physicians—that they could not tell whether a doctor was intelligent or ignorant in his profession. That the people generally may not be able to judge correctly of the scientific research of physicians, we do not for a moment question; but that the great mass of community can not correctly decide which of a number is the best practitioner, we emphatically deny. We believe that he is the best doctor who cures the most patients. We are no advocate of ignorance or charlatancy, knowing well that the physician cannot be too intelligent. It is absolutely necessary that he should be well acquainted with the science of medicine in all its branches, before he is properly qualified to discharge the onorous and responsible duties of his office. But it is a false and dangerous principle, against which we contend, that the people are incapable of judging of the abilities of professional men. We live in an age and country, in which every possible influence exists to call into exercise the powers of the intellect. Probably there does not live upon this globe of ours, a people more closely observant of men and things than those of the United States. It is true we are now in the commercial era of our existence as a nation, still education and mental development are not flagging, but on the increase. No doubt we are destined to become the most intellectual, as well as the greatest commercial people, that has ever existed. Away, then, with the old fogy notion of the people's inability to judge correctly of professional worth. They have exercised this inherent right, they do so now, and will, doubtless, until the end of time. We would rather abide the decision of the masses respecting qualification, than any number of aristocratic empirica.

A very important inquiry is suggested here: What are the necessary qualifications of a physician? We answer, a knowledge of the anatomy of the human body is the basis or ground-work of successful practice. Upon it are built physiology, pathology, and surgery. No man is fit to practice medicine who is ignorant of this branch of medical science. The anatomist, when called upon to perform a surgical operation, knows what vessels are located in the vicinity of the injured part of the body, how to reach and ligature them without injury to the patient, what remedial measures to use subsequent to the operation—is prepared to meet any new phases it may assume, and, as far as skill and medicine enables him, prevent the death, and relieve the sufferings of the unfortunate one. A knowledge, also, of chemistry, materia medica, therapeutics, obstetrics, theory and practice, medical jurisprudence and human temperaments, is also essential. Each and all of these have we been taught in the Eclectic Medical Institute of Cincinnati. We have learned, also, that the great Creator, in his wisdom and goodness, has made our earth a storehouse of remedies for all manner of disease; that it is our duty, as well as privilege, to discover and investigate those remedies—to gather from the vegetable and mineral kingdoms those means placed within our reach to lessen the sufferings of man—to prolong the life the Almighty has given—to drive away the dark clouds of sorrow that gather upon affection's face—to dry up the tears of distress wrung by disease from our fellow creatures—and as angels of mercy and kindness, make ourselves useful and happy in giving sight to the blind, speech to the dumb, hearing to the deaf, and ability to walk to the maimed. This is our mission.

We have been taught also, to treat every professional brother, no matter how much he may differ from us in opinion, with that deference and respect we have a right to claim from him—not to call in question his motives or integrity; in a word, to adorn our profession as gentlemen alone can. We are sent forth by our alma mater as independent as thought, as free as the air we breathe. The materia medica of the different schools, as well as our own, is before us. It is our prerogative to select from them those articles which our better judgment dictates, as best suited to the cases presented for treatment, and to discard what we believe is or may prove injurious, without fear, favor, or affection. We call no man master—recognize no authority above the experience of the profession, and bow the knee to no medical idol. We live in a land of liberty, and have been taught from our infancy to believe and practice free thought, free speech, and free judgment, and act out the injunction of holy writ, "Stand fast, therefore, in the liberty wherewith God hath made you free." When we cease to do this, we lose our identity as Eclectics.

Professors of the Eclectic Medical Institute, we turn to you with a volume of thanks for the indefatigable zeal manifested in imparting instruction to us, since we have been in attendance upon the school of which you are the honored heads. We entertain respect and esteem for you personally, and will never forget your kindness in bearing with our obtuseness and perversity. If any of us have acted in any manner to cause you the least unpleasantness, we here publicly ask forgiveness, and feel assured it will not be withheld.

Gentlemen, we have not been indifferent observers of the difficulties through which you have passed, during the past twelve months. It was with the deepest interest we watched the progress of events. That interest arose from our love to the cause of Eclecticism. We felt that that cause was in danger from foes within—men who acted upon the principle, "rule or ruin;" who thought more of personal aggrandizement than prosperity to a liberal system of medicine; who, to vent their spleen, and empty the malicious hatred of their hearts against those who could not perceive their pretended abilities, and refused to bow down and worship their idol, would blast the reputaion of our alma mater, and annihilate the cause they formerly professed to love. We heard you denounced, and defamed we saw you pushed to the wall by your assailants, but in your case truth and justice, as it has ever done, triumphed, and your enemies have fallen to rise no more. You came forth from the combat purged of some dross, but better prepared to battle successfully for the noble cause you have espoused, than when burdened with the fungous growth of anthropology, spirit rappings, free-love, and body braces. We rejoice with you in your triumph and bid you God speed on your journey. Now we can say, when we go home, fear not, friends, to go to the Eclectic Medical Institute. There you will receive a liberal education, unmixed with any of the isms that have heretofore distracted the attention of students, and made their pockets bleed.

Soon, gentlemen, we are to separate, perhaps forever. How sad the thought! But there is a hope of being useful, and that lessens the anguish of parting.

To our time honored teacher and friend, the noblest Roman of you all, in energy, zeal, and scientific research, around whose brow fame has already entwined her chaplet, permit us to say, may your pathway in the future be undimmed by a single cloud, and your death be as glorious and peaceful as the setting sun.

Fellows of the graduating class: Our association has been one of pleasantness and we hope of mutual profit. Together have we toiled up the hill of science to get a view of the land of promise, aiding each other by an occasional shove or pull, or perhaps, exciting to greater application by smiling at each other's slips and falls in climbing the rugged mount—still we are happy to believe that not a jarring sound has been heard, during the entire session, to mar the harmony of friendship's notes. True, a dark cloud o'ershadowed us for a season, when death came, with his dark pinions spread, and snatched away one of our number. We felt our loss, but bowed in submission to the affliction. In view of the warning, it behooves us all to be prepared for that change which will soon come upon us.

Soon, gentlemen, we must part to meet no more in this world. Let us go forth in the discharge of our duty, each trying to outdo the other in kindness, zeal in our profession, love for the cause of eclecticism, increased application, and a desire to benefit our fellow men. Then when the sunset of life comes, and the shadow of death falls upon us,—when the world recedes and is dissolving away from our sight—we may look back upon a life of industry, toil, sacrifice and usefulness, and be happy to know we have lived to some purpose—that the world has been benefitted by our having lived in it.

Professors, brethren, one and all, may that being who gave us our existence, and whose benevolence prolongs it, keep us safe from the snares of the world. May we learn the true secret of happiness, "holiness to the Lord," and so conduct ourselves in His sight and before men, that when we pass away to the awful tribunal of the judge of all the earth, He may say to each one of us, "Well done, good and faithful servant, thou hast been faithful over a few things, I will make thee ruler of many; enter into my rest, sit down at my right hand."

The band again interposed its melodious tongue, after which Prof. G. W. L. Bickley delivered an extemporaneous address to the graduating class, which was fully up to the high anticipations of the audience. Prof. Bickley is known to be one of the best speakers in the city, and we imagine that he never did himself more credit than on this occasion. Altogether the whole affair was one which could not fail to leave a lasting impression on all present, that medical science has not lost its dignity, nor relaxed in its high mission of benevolence. During the entire evening there was a stillness in the hall which showed how deeply interesting was the occasion. Not a word of the common clap-trap so customary in some of our previous exercises of this kind, was heard, but every one seemed to speak his honest convictions. The exercises were short, as there were no ethereal monomaniacs present to dilate upon incomprehensible ideas of transcendentalism, or to take that important occasion to insult the better judgment of the audience, by dilating on the wonders of neurology, or the mysteries of Bletonism, as has heretofore been the case, to the disgrace of Eclecticism.

CLINICAL LECTURES ON DISEASES OF THE FEMALE BREASTS.

Delivered at Newton's Clinical Institute.

BY PROF. R. S. NEWTON.

Lecture I.—Anatomy of the Breasts.

Gentlemen: You will see before you to-day, a large variety of diseased breasts, belonging to our extensive cabinet of morbid and surgical specimens, all of which have been treated by us. I now propose to occupy a portion of the time allotted me in delivering a few lectures on this subject.

The time allotted to this department precludes the idea that I should enter into a minute description of the minor affections of the female mammæ. It is to those more terrible forms of disease of the breasts that I would call attention. There have been written many very excellent and learned dissertations on the subject in hand, and at a first thought it would seem that nothing had been left unsaid which could throw light on the subject: yet all these fine essays, all the deep research, all the experiments and statistics of the books, in a practical point of view, amount to but little. Physicians, with all their skill, and and with a perfect knowledge of the experience and opinions of others who have written on this class of diseases, still have to endure the mortifying spectacle of the unchecked ravages of such affections, and their own inability to arrest their progress. It matters little whether we are able to give the *rationale* of the cure or not, if any one really can effect a cure of a reasonable proportion of the more malignant forms of disease, to which the female breast is liable, he will have done more for humanity than all the learned essayists who have written on the subject.

Having made this class of diseases a special study during the past sixteen years, and having had extensive opportunities to investigate the subject, I deem it my duty to offer to the profession my opinions, which, in many respects, will not differ from views advanced by others, but in other particulars the divergence will be very material. One of the simplest divisions of diseases of the breast is that of Mr. Syme, viz.:

1. Those in which there is merely derangement of its nutritive or sensitive action, causing simple enlargement, induration and pain;

2. Those in which there is a collection of purulent fluid;

3. Those in which there is a morbid growth limited to the part in which it originates; and

4. Those in which the growth is of a malignant kind, that is, tends to spread, ulcerate, or fungate, and affect the patient's constitution.

But to comprehend the nature of the diseases to which the mammæ are subject, we must understand their structure and functions. So far as its anatomy is concerned, we may learn something of its complicity from the statement of Sir Astley Cooper, that he had heard a good anatomist say, "The breast is so complicated that I can make nothing of it."

The breasts are situated on the anterior portion of the chest, upon the lower part of the platysma myoides muscle, upon the anterior portion of the pectoralis major, upon the serratus major anticus and oblique externus abdominis, and usually cover the space from the third to the seventh rib. The breasts are essentially glands, and when well developed, constitute the most beautiful apparatus in the body. In location and number they differ in different classes of animals, there being generally two for each young one to be nourished by their milk. It has been often supposed, that the provision of a *pair* of breasts, as in the human female, was a provision of nature to supply nourishment for twins, when accidentally produced. This seems not to be the case, but to correspond with that common duplication of our organs, the natural provision for disease. If one eye is diseased, the other may serve the purposes of sight, and so if one breast shall be the seat of disease—a very common occurrence—then the sound one will answer all the purposes for which the apparatus is intended.

These glands are not situated on the chest so as to project the nipples directly forward, but rather laterally, so as to make the projecting nipple more convenient to the mouth of the child. Sir Astley Cooper has written very elegantly of the adaptedness of the breast to the convenience of the child, and I would suggest to the student a careful examination of the subject, as he will be more likely to detect even a slight variation from the normal position, and which will enable him to escape errors in diagnosis. It is quite true that in those who have borne and nursed many children, the gland becomes pendulous, and the nipple may project forward without any disease being present. And in some tribes, as the women of South Africa, &c., this elongation and relation of tissue is so great that the breast may be, and is often, thrown over the shoulder, that the child may nurse as it is carried on the back of its mother.

When viewed as a mass, the mammary gland is a coniform body, somewhat globular, with its base rather cupped to fit the bend of the ribs. The number in the human female is usually two, but cases have been recorded in which there were four, as was the case of a very respectable mother seen by Dr. Robert Lee and Sir Astley Cooper, [Cooper on the Breast, pp. 25 and 26.] But such cases are to be regarded as accidental developments. The mammary gland, in its structure, is not unlike that of the salivary and parotid glands, though on a more magnificent scale. It is made up of from fifteen to thirty lobes, varying in size from one-fourth to one inch in diameter, the size being greater as we approach the base of the gland. The lobes are again divided into smaller compartments, called lobules, and these again are subdivided into cœcal vesicles. The ducts of excretion are thoroughly lined with a beautiful tessellated epithelium; they all converge towards the nipple, upon which they open by a number of small apertures, ranging in number from ten to twenty. In their course they dilate into small ampulæ, which vary in capacity.

The breast is divided anatomically into two parts, the *internal* and the *external*, both of which require careful study. Perhaps the true way to get a knowledge of the gland, is to begin at is development, and end by giving its physiology. The mammary gland originates from the mucous layer of the epidermis, as a mere papillary projection, as early as the fourth or fifth month of fœtal life. It soon develops into a complicated glandular structure, very irregular at first, but which acquires symmetry as birth approaches. All its parts converge to form the mamilla, or nipple, which is not, as is supposed by many, in the center of the glandular body, but nearest the abdominal margin, and also nearer the posterior than the anterior margin. Or, as Sir Astley Cooper says, "from one-half to three quarters of an inch above the lower edge of the pectoralis major." The lactiferous canals, which are thrown nearly together in the virgin, separate and enlarge in the lactating woman, and hence the nipple is increased in size, in such as have nursed. It is also longer, and can never after be made to acquire the solidity of the virgin state. Immediately on the apex of the nipple, there is a small indentation, caused by the orifices of the lactiferous tubes. Before puberty the nipple is quite smooth, but it is afterwards marked by small papillæ, which increase in size up to forty years of age. It acquires a wrinkled aspect after the age of fifty, and in old women has a warty appearance. The shape of the nipple is sometimes, but not always, changed by nursing; in the virgin it is a rounded cone, with the base or broad part resting on the breast, but in women who have nursed many children, their order is reversed, or else occupies some medium place between the virgin state and the last named condition. Its color is very various, passing through all the shades of red, and is often even of a dark muddy color; generally, however, it loses much of its color as old age advances, and during utero-gestation, is possessed of a higher color than at other times. I desire to be minute in the description of the various parts of this gland, for no one is competent to judge of its pathological states, until he is well acquainted with its entire structure.

In respect to the cuticle covering the gland, I need only notice that it is much more thin and delicate in women with fair skins and red hair, and is hence more apt to be abraded by the mouth of the child. The nipple is generally darker than the rest of the breast, which is owing to the rete mucosum, the character of which will be more fully explained presently.

The areola or colored circle of skin which surrounds the nipple, has received a large share of attention, and as I deem an acquaintance with its characteristics of considerable importance, I shall feel warranted in also referring to it, at least briefly: The areola is but a spreading of the nipple, or a continuation of it, and, like the nipple, depends for its color upon the rete mucosum. In girls before puberty, it is simply a colored circle around the nipple, but after puberty, during gestation, and in lactating women, it becomes more or less uneven, in consequence of the development of small tubercles, which open on the surface, contain a mucus excretion, but have no connection with the lactiferous tubes; in fact they are not very different from the common sebaceous glands of the skin. The color of the nipple and areola depend very much upon the condition of the uterine apparatus, and this is so true that its physical aspect has long been held as quite expressive of the condition of the uterus. Owing to the presence of erectile tissue, and the abundant supply of blood-vessels, the nipple may be erected as in the case of the male penis, and this erection may depend either upon a state of the genitals, or upon the passions. It is a known fact that there is a most intimate relation of sympathy between the nipple and the uterus or the genitals, and that when the latter are in a state of excitement, the nipple is more or less erected, and that there is an increased engorgement of blood in the nipple at such times, and hence, too, the color of the areola is then deeper. On the other hand, to illustrate the completeness of this sympathy, it may not be amiss to state that many females are so sensitive on the nipples, as to be at once excited by passion when the nipple is touched or handled. Instinctively men recognize this law of interrelation. It will be understood that the rete mucosum is but the coloring pigment which tinges the entire skin, and that it is the same in every respect as that deposited in the eye to confer color. The more abundantly blood be supplied, the more plentiful will be the pigment, and the darker the part so colored.

The mammary gland is well supplied with blood-vessels, the chief arteries being the branches of the theracica longa, external mammary, which, like the former, is a branch of the axillary artery, branches of the internal mammary artery, and another branch from the same. Outside of these principal branches, there are a number of less important branches ramifying through them, most of them reaching the nipple. The veins begin at the nipple in minute capillaries, and as they recede from it, unite in large trunks, entering the internal mammary and intercostal veins.

The absorbents are very numerous and well distributed. These have for their office the separation of the milk from the blood. The nerves of the mammary gland are the axillary and the sternal, or the posterior and anterior branches of the above nerves, so called from their distribution. The posterior consists of the third fourth and fifth branches of the dorsal nerves, all of which reach the nipple. The anterior consists of the reflected branches of the fourth dorsal nerve. To these nerves the nipple is indebted for its extreme sensibility. There are many openings and a few stray fine hairs in the areola, but the orifices do not connect, as before stated, with the lactiferous tubes.

The gland is in reality enclosed between two fascia, or a single fascia which has separated to accommodate the gland, and which may be traced to the ligamentous substance covering the sternum. From this fascia numerous fibrous processes are given off, which Sir A. Cooper calls *ligamenta suspensoria*, since by them the breast is suspended in its situation. They are firmly attached to the skin, and though admitting the gland to change position enough to resist violence, they still hold it firmly within certain bounds. These ligamenta suspensoria distrbute themselves upon the posterior surface of the skin, adding greatly to its whiteness and solidity. They also pass out from the gland, envelope the lactiferous tubes, and by connecting with the interior cutis of the nipple, prevents its displacement from the gland. Between these ligaments, if such they may be called, we find folds of fat, which, acting as cushions, prevent the gland from sustaining injuries from blows, &c. Indeed, these ligamenta suspensoria form a network, keeping all the parts together, and at the same time, increasing the secreting surface of the gland. The deeper seated fascia sends its fibers in both directions—into the aponeurosis of the pectoralis major, and into the body of the gland, thus securing it to the body.

The tubes of the mammary gland are both numerous and varied; *e. g.*, the straight tubes of the nipple, the areolar tubes or reservoirs, the mammary ducts, differing only in their disposition or size; as a general remark they enlarge as they pass from the nipple to the reservoirs. Along side of these tubes, we find the arteries, equally distributed, and conferring on the tubes great vascularity. The veins do not run parallel always, and are less branched, the functions of the parts requiring a greater influx than reflux current. The tubes are lined with a folded mucous membrane, which is highly vascular. It must be borne in mind that most of these ducts are entirely separate and distinct from all others, a fact which is easily determined by injection.

The gland itself is a conglomerate structure of small glands, the interspaces, when not occupied with tubes, arteries, veins, or nerves, being filled with fat. The glandules vary in size from the head of a pin to that of a buckshot, and when injected, are nearly round.

Of the milk cells, little need be said, since their character cannot materially further the investigations of the pathologist. Into these milk cells the milk is secreted from the blood, and of course, if not in a physiological condition, soon present us with a pathological state. The milk passes from these cells to the mammary tubes, and after reaching the areola, is deposited in the reservoirs ready for use.

The axillary and internal mammary arteries furnish the gland, and though greatly distributed, it is only necessary to regard the above larger trunks, as the sources of supply. The veins of the breast empty into the axillary, the cephalic, the intercostal, the internal mammary, the external jugular and subclavian. The veins of these glands are often engorged in certain diseased states, and some of the best surgeons have been in the habit of opening them, to allow the accumulated blood to escape. There is no doubt but it affords, as I have often witnessed, immediate relief, and I greatly prefer the operation to the more tedious one of using leeches to accomplish the same end. The same thing can, however, be accomplished with great certainty, by other treatment, as I shall have occasion hereafter to show.

I shall be sufficiently understood, if I say, that the breasts are literally permeated by absorbent vessels, or ducts, which, when many unite, may sometimes make a tube as large as a small quill. Such a one is found on the inner side of the axillary vein, and between the first rib and clavicle. These tubes are intimately connected with the blood-vessels, and with the glandules, &c. These absorbents are frequently diseased, and indeed, many of the more malignant forms of mammary disease may be traced to that source.

The nerves of the breast are derived from the dorsal branch of the spinal column, and are so minute in their ramifications that the anatomist can hardly promise himself success in tracing them. I need not attempt to trace the reflex nerves, for the labor would not be satisfactory, even though I had space at command.

It is an interesting study to trace the effects of gestation and lactation on the breasts, and though the profession have a sort of general and indefinite knowledge on the subject, it must be admitted, that too few entertain correct views on this point. To arrive at expertness in reading the phases through which the breasts pass, requires a close and careful study of the organ in the living subject, which modest women, before marriage, will not permit, and on others the circumstances are usually adverse. But before we attempt to explain the nature of the changes which are wrought on the breast by gestation and lactation, it may be well to inquire *how* any such sympathy can exist between the uterus and its appendages, and the breasts? It is presumed that no intelligent physician will deny that such spmpathy exists, and hence I shall not here refer to the evidences upon which the assertion is based. Any treatise which is perfect should examine the uterine and mammary systems as constituting the same apparatus, but as this has not been done, I can only briefly show why this should be so.

The sympathy between the uterine appendages and the mammary glands, has been explained by supposing that the epigastric artery sent more blood to the internal mammary artery, and hence to the breast itself, during gestation than at other times; and while I admit that this is altogether probable, the manifestation between the genitals and the breasts, or the mammary glands and the uterine appendages, is so instantaneous, as it were, that I think we must look to more rapid transmission of influences than such as can be conveyed by the circulation. This sympathy is entirely nervous, in the first place, and whatever influence of a permanent nature is transmitted by the blood, is of a secondary character. The grand sympathetic nerve, whose branches are incorporated with the dorsal nerves of the breast, is also largely distributed to the uterine appendages. It is to be understood that other parts of the system are also reached by the grand sympathetic, and other parts, also, partake of the sympathy, but in a less marked degree. I have already stated that the nipple is furnished with erectile tissue, and hence we might expect it to be more prominently effected than other organs in which no such tissue exists. Very many facts, illustrative of this sympathy, might be cited, but one, it seems to me, is quite sufficient, *i. e.*, advantage is taken of this sympathy, by the reckless and fearless, to produce abortion by simple irritation of the nipple at certain periods of gestation. And whether we are enabled to give a satisfactory explanation of the phenomena or not, the mere fact stands undisputed, and we must base our conclusions on it.

During gestation more blood is sent to the breasts, their color is darkened, and they become more solid, or even swell, and become quite painful. They are tender to the touch, and if it be in a first pregnancy, they at once undergo that evolution by which they are matured. The nipple enlarges, the areola becomes much darker, and the papillæ become protuberent; in fact, the entire organ looks as though it were, as it is, engorged. The increase of the diameter of the areola is from one to two inches. The increased darkness of the areola depends upon the more abundant supply of the rete mucosum, and by its being rendered more visible in consequence of the stretching of the skin, which is the necessary result of the enlargement of the gland. The areola will also be found thickened, in consequence of the development of the papillæ. The glands and blood-vessels around the nipple, and on the body of the gland, will also be more prominent than before.

After lactation has been established, all these indications, except deepening of the color of the nipple and areola, are increased. In old age, the tubes of which I have been speaking, become more or less ossified. I need not here enter into a description of those influences brought to bear on the female breast about the time of the cessation of the catamenia, as I shall have occasion hereafter to treat this subject more in detail. I have given such facts as I conceive to be necessary in the proper study of the diseases of the breast, and to which too little attention has been paid by surgeons. Perhaps no surgeon in America, of my age, has had more experience in treating the diseases of the female breast than myself, and certainly none have been more successful; which success I imagine to depend upon both my knowledge of the glands and the plans which I have adopted for the treatment of their diseases. From these considerations, I feel warranted in laying my experience before the profession, fully believing that when others are guided by the same principles that I have adopted, they will be equally successful.

GUN-SHOT WOUND.

BY R. E. CABLE, M. D.

On last Christmas day, I was called in great haste to visit a young man, Mr. Deiter, aged 17 years, who had received a shot from a rifle, which entered about two inches to the right of the lower end of the sternum. When I arrived, I found the young man placed on a bed upon his back, with his neighbors and parents around him, looking for him soon to expire, and from every appearance the case did look doubtful, as every expiration would cause the blood to exude pretty freely from the orifice where the ball entered, indicating it to have passed through the body. We quieted the friends as much as possible, then proceeded to make examinations, first using the natural probe (the finger). I soon found that the ball had not passed through the body, but found the ribs much torn, and that the ball had entered the lower portion of the liver, lacerating the contiguous parts; then with a long probe we coursed it down through the intermuscular ligaments, and fascia, lodging in the adipose matter about two inches from the right kidney, coming within about one inch and a-half of the surface. We removed the ball by making an incision with a scalpel down to it, and then with a small pair of forceps, extracted it. The distance from where the ball entered to the place of exit was eleven inches. The ball was beaten quite flat, as much so as if it had been shot into the hardest of wood.

The treatment of the case was as follows: First cleansed the wound; secondly introduced a pea into the incision where the ball was extracted, securing it there by adhesive straps, applying a poultice of ulmus fulva over the place of entrance (immediately); continued the pea in the orifice below till sufficient inflammation was produced, then applied the ulmus poultice to cause suppuration, first introducing lint to prevent adhesion of the edges of the wound; changing the poultice about three times a day, and bathing the space between the points of entrance and exit of the ball with a liniment composed of equal parts of essence of sassafras, hemlock, and tincture of camphor. Continued the poultices till active suppuration ensued, then discontinued them, and applied adhesive plaster, dressing the wound twice a day, and washing it out with a weak tincture of myrrh, and occasionally with a weak solution of sesquicarbonate of potassium. The treatment internally consisted of about two grains of red peruvian bark, three times a day, with an occasional aperient for the bowels. With the above treatment, our patient, contrary to the expectation of all, mended rapidly, and is this day, Feb. 6th 1857, able to attend school, nearly well.

Pleasant Hill, O., Feb. 6th, 1857.

REVIEW OF BUCHANAN'S ANTHROPOLOGY.

BY PROF. L. E. JONES.

[CONTINUED.]

"TURBULENCE."—This organ of mentality does not appear upon the surface of our author's naked woman. The omission by no means annihilates it. Far from it; it still exists. The reader will find this organ or region of mentality described on page 372, in these words:

"Ambition, upon the anterior surface of the arm, corresponds to *Turbulence*, upon the posterior surface of the leg."

The reader will perceive that our author has found this organ of mentality, tumult, and confusion, located on the central part of the calf of the leg. As described, it seems to occupy all that space between "*Aerial*" and "*Mammalian*." He has likewise found the same organ located on the left side of the neck, on a level with the angle of the jaw, as seen in the plate fronting the title page.

It doubtless cost our author much patient investigation and deep research, to establish beyond a peradventure, the existence of two organs of "Turbulence," so widely removed from each other. It seems marvelous that he should have discovered the analogy, the similarity, the correspondence, the identity, the sameness, of the two organs of "Turbulence," located so remotely from each other, on different parts of the body, and on parts by no means analogous in function or structure.

Neurology, aided by the *nervaura*, together with the intuitive *smartness* of an original genius, are all-important in sifting the rubbish, and separating the pearls of science therefrom. By these elements of original greatness the philosopher seeks out analogies, detects correspondence, and thus verifies the truth of some of the most difficult of problems.

All other philosophers have failed to find the mischievous organ of Turbulence, either on the calf of the leg or side of the neck. They have often witnessed the turbulent disposition of men, and the manifestation of this element of man's nature, but ex-Prof. Buchanan was the first to prove such demonstrations the work of a narrow strip of muscle along the calf of man's leg. Neurology and sarcognomy afford conclusive evidence, in this instance, of the intuitive genius of this master philosopher's mind.

How gratifying would it have been to the lovers of *exact* and *demonstrative* science, had the learned author paused for a moment, and detailed the precise strip of skin, muscle, bone, vessels and nerves, which, when taken singly or collectively, constitute "Turbulence." Its width, length, location, etc., are required, for, if the position of our author be true—if the science be exact and reliable—then there must be an *exact* space occupied in the calf of the leg by this organ. If true, then must Turbulence be strong or weak, according to the size of the calf of woman's leg, as magnitude gives relative power. If the text be true, then must there be something *definite*, something certain, as to the length, breadth, depth, magnitude, &c., of Turbulence. Is it the skin that forms the organ, a single muscle, a *congeries* of nerves and vessels? or is it the whole combined? or is it a part of a muscle? and if so, which shred or fibre forms Turbulence? the anterior, posterior, right or left lateral? If a part of the fibres of a muscle are embraced, how many of them are included? the exact number is required. If it is formed by the union of the fibres of two, three, or more muscles, which form it? or if formed by a part only of different muscles, how many fibres of each combine to form Turbulence? If the science be *true*, *certain*, *fixed*, *definite*, *exact*, then our author can demonstrate its accuracy—he can prove its exactness beyond controversy. If there is any thing uncertain, indefinite, unfixed, and not exact, then it wants proof, and consequently *it is no science.*

Common sense forbids the creation of an organ by an indefinite and indiscriminate selection of a little strip of skin, without metes or bounds, or the indiscriminate selection of an undefined number of muscular fibres from any given muscle, from a number of muscles; and so in reference to blood-vessels and nerves. There must be a mathematical certainty, as to number and extent—it must be *fixed*, *absolutely certain* and *exact*, in every particular—or it is no science, and nought but a worthless humbug.

Our author can doubtless remove all uncertainty, and put to silence all skeptics, and I am sure he will, at his earliest convenience, give the exact metes and bounds, and the exact number of fibres composing not only this, but every neurological organ of the body. The queries suggested as to a single organ, apply with equal force to all, and to remove the imputation of a design to humbug community, the philanthropy of our author will not suffer him to rest, until he overwhelms all skeptics with the truth of each and all of his brilliant discoveries.

But to return to Turbulence: Is not this organ often large and powerful—so powerful as to kick "Mammalian" out of bed on the one side, and "Aerial" on the other? The quietude of Aerial, Aquatic, and Mammalian, is liable to be disturbed from the slightest offense given to the tumultuous organ of Turbulence. If, however, it be weak, yet boisterous, Aerial, Aquatic and Mammalian, may unite their forces, and whip Turbulence. Our author has wisely placed this ugly and mischievous mental organ in the midst of powerful antagonistic neurological organs. The position of this creature of mentality among the fishes, toads and reptiles—among the vultures, cormorants and wild beasts of the field—may, on first view, seem unnatural, cruel, and even unphilosophic, but our author sees in this very arrangement a philosophic beauty which seems to confirm him in his views of his own exalted greatness, and in the transcendent beauties of Anthropology. Turbulence appears to be an organ in the "Neurological system of Anthropology," endowed with a degree of intelligence and superiority, above that possessed by Aerial, Aquatic and Mammalian, and to be placed among these ravenous beasts and brutes of creation, as a kind of captain-general, to command obedience and enforce submission.

Another point worthy of note is the existence of two of these organs. Now two real organs of the same kind, and possessed of the same faculties, cannot occupy one and the same space at the same time, even though they exist on paper only. Our philosophic author, always wide awake and eagle-eyed, is not to be caught. He guards against a solecism in his description which those less wise and sagacious might perpetrate, by locating one "Turbulence" upon the side of the neck, and the other Turbulence behind the shin, which latter he says corresponds to Ambition upon the front aspect of the arm.

The last inquiry in reference to the four organs forming a fierce and formidable bulwark for the defence and protection of the shin, is as to their wonderful discovery. By what accident or chance did this superhuman philosopher ascertain their existence, and by what experiments confirm their location. As to the discovery, neither sacred nor profane history affords the least light. A knowledge of their existence appears to have been derived by intuition. Conception and gestation had their existence and development in the brain of a great philosopher. As to the experiments, however, which have been made to prove that such organs did exist, and to establish their exact location, profane history affords satisfactory light.

In one instance, while our author was engaged in his investigations on a highly impressible subject, (a female,) streams of nervaura passed and re-passed, as the hand passed over the Aquatic, Aerial, Mammalian and Turbulence, imparting rapid, strange, varied, and indescribable sensations, thus impressing the great sarcognomist first, with the chilling, cold-blooded influence of fishes, lizards, frogs, the subtle serpent, and the like; second, with the ardent, restless, unintellectual, warm blooded influence, as that of the vigorous and ever-changing bird; third, with the multiplicity of instincts, passions and ungovernable propensities of the entire list of quadrupeds. With the instincts, habits, inclinations and propensities of these three numerous classes impressed upon him at one and the same time, a wild, restless, tumultuous, confused, and indescribable state of feeling, or condition of a turbulent character, came upon him, which, although it seemed to partake of the characteristics of the entire animal kingdom, yet it "*corresponded to no animal life within his knowledge.*" It was under this insupportable excitement that he became bewildered, lost, and knew not whether in the body or out of it. This experiment, however, proved the existence of the Aquatic, Aerial, Mammalian, and Turbulent regions or organs, and established their precise location, as indicated in Dr. Buchanan's Anthropology.

By repeated experiments on females of a high degree of impressibility, this glorious doctrine is said to have been established. Dr. Buchanan having thus discovered these facts, recorded them in his "System of Anthropology," and now offers them as a new contribution to science. It may be asked why neurologists have confined their experiments mostly to females. The reason is obvious and satisfactory: their "sympathetic impressibility" far exceeds that of males; manipulations are more agreable to neurologists, the test more certain, the proof less questionable; and hence, also, it is, that he uses the surface of the naked female for his illustrations, instead of that of the male.

THE CEREBRAL CIRCULATION.

BY PROF. W. BYRD POWELL.

It has been estimated that the one-fifth part of the blood circulated in the human system, is sent to the brain. This fact is sufficient to authorize the inference, that the office of the brain in the human economy must be exceedingly important in its character—too important, indeed, to justify the toleration of any error in relation to it; and of this character we regard a very prevalent theory with reference to the cerebral circulation, namely, that the quantity of blood in the brain is an unvarying one—the same in both health and disease, and in both life and death. And we have been informed by some of the alumni of the Eclectic Medical Institute of Cincinnati, that this doctrine was taught in that institution, by ex-Professor J. R. Buchanan; but in justice to him we must add, that he was not alone in the advocacy of this doctrine: it was taught and maintained in Europe by some of the greatest ornaments of our profession. As we can not indorse this doctrine, we are pleased to believe that great names, in this day, cannot give currency to error, after the truth shall become known.

Although this error, as we conceive it to be, was for a long time almost exclusively inculcated, we cannot believe that it had a very extensively mischievous influence, because it was directly opposed to the almost universal conviction of mankind, a conviction that had resulted from sensations, which had almost the influence of consciousness in forcing an opinion that the contrary is the fact.

Admitting the brain to be a vital apparatus, and to perform an important class of functions, the conviction becomes irresistible that its physiological wants or necessities would render variable its quantity of blood; this single reflection is sufficiently strong to physiologically disprove the doctrine in question, because the quantity of blood necessary to the brain during periods of rest, would not be adequate to its functions in periods of excitement and responsibility. Fortunately, however, for the sake of truth, we are not left to support the negative by merely showing philosophically the existence of a necessity for it.

We have performed many experiments in search of the truth in the premises, but not with that order and accuracy that we would have pursued, if at the time we had aimed at any thing more than our own conviction. During the four years we lived in camp, in the forests and mountains of Arkansas, for the restoration of our health, relying upon our gun for food, we neglected no opportunity to give attention to this matter, and as often as we killed squirrels and a few other animals by strangling them, we found not only the integuments of the head, but the membranes of the brain and the vessels of its substance, and the sinuses, engorged with blood; and on the other side, we divided the jugular veins and carotids of opossums, and after their death by the hemorrhage, we invariably found the vessels of the brain and its membranes, and the sinuses, empty, exsanguined In this wise, we were not long in arriving at the conviction that the theory in question was not true.

Dr. Samuel Solly, in his invaluable treatise on the human brain, informs us, page 270, that "Morno Secundus, of Edinburgh, is generally believed to have been the first who propounded this doctrine. He observes, as the substance of the brain, like that of the other solids of the body, is nearly incompressible, the quantity of the blood within the head must be the same at all times, whether in health or disease, in life or after death, those cases excepted in which water or other matter is effused or secreted from the blood-vessels; for in these cases, a quantity of blood equal in bulk to the effused matter will be pressed out of the cranium. Morno regarded the skull as if it were a perfectly air-tight sphere, uninfluenced by the pressure of the atmosphere, and he used to illustrate his theory by showing to his class a glass ball filled with water, that not a drop would escape through the aperture when inverted. Dr. Abercrombie, who supported this view, does not appear to have instituted any experiments, but founded his opinion on the experiments oi Dr. Kelly, published in vol. 1 of the Transactions of the Med. Chir. Society of Edinburgh."

But Dr. Burrows has examined the experiments of Dr. Kelly, and asserts that they do not warrant the conclusion, but the contrary. Believing the Morno doctrine to be false and mischievous, so far as believed in the practice of medicine, we beg leave to confirm the conclusion which our own loosely conducted experiments brought us to, by introducing those of Dr. Burrows.

He says he killed two full-grown rabbits —one by opening the jugular vein and carotid artery of one side of the throat; the other was strangled; each animal died convulsed. He drew a ligature tightly around the neck of the first as soon as it was dead, to prevent any further escape of blood from the vessels of the head. The rabbits were allowed to remain lying on a table, on their sides, twenty-four hours. While the blood was flowing from the first, the conjunctiva was observed to become pallid, and the eye-balls to shrink within their sockets. Upon the examination of the head, the integuments and muscles appeared blanched. Upon removing the upper portions of the cranium, the membranes of the brain were found pallid, and scarcely a trace of a blood-vessel was to be detected on the surface of the brain; the longitudinal and lateral sinuses were nearly empty of blood. Upon making sections of the brain, the interior appeared equally exsanguined.

As soon as the second rabbit died, its throat was ligatured, the conjunctivinal vessels became turgid, the eyeballs conjested, prominent and even projecting beyond the margin of their sockets. The integuments and muscles of the head were found full of blood, upon opening the cranium; the superficial vessels of the membranes, as well as sinuses, were full of dark liquid blood. The whole substance of this brain, and its membranes, appeared of a dark reddish hue, as if stained by extravasated blood. The contrast between the two brains, in point of vascularity, both on the surface and in the interior, was most striking; in the one scarcely a trace of a blood-vessel was to be seen; in the other every vessel was turgid with blood.

The conclusion from these experiments must be, that hemorrhage has a most decided influence in depleting the cerebral vessels. But Dr. Burrows performed other experiments and adduces other facts, but they have so much of the same character of the preceding, that we have not room for them; they confirm, however, the main inference. We would recommend the perusal of Dr. Burrows, by every physician. It seems to us to be useless to trouble our readers with further evidence, because that which we have presented appears to be conclusive upon the question. But there is a modification of the question that merits some attention. Dr. Burrows says that Dr. Kelly, "assuming the cranium to be a perfect sphere, contends that the quantity of blood in the cerebral vessels is not affected by posture or gravitation"—a proposition which Dr. Burrows disproves by experiment: he took two well grown rabbits and killed them with prussic acid; he suspended one by the ears, and the other by the hind legs, and twenty-four hours after, he ligatured their throats to prevent, as far as possible, any further passage of blood, either to or from the head.

In the one suspended by the ears, the external parts of the head, the ears, eyeballs, &c., were pallid and flaccid; the muscles of the scalp, the bones of the cranium, were rmarkably exsanguined. Upon opening the cranium, the membranes and substance of the brain were pallid; the sinuses and other vessels were exsanguined; anæmic beyond his expectation.

In the rabbit suspended by the hind legs, the external parts of the head, the ears, eye-balls, &c., were turgid, livid and congested; the muscles and bones of the cranium were of a dark hue, and gorged with blood, which at some parts appeared extravasated. Upon opening the cranium, the membranes and vessels were dark and turgid with liquid blood; the superficial vessels were prominent; the longitudinal and lateral sinuses were gorged with dark blood and there was staining of the tissues, if not extravasation of blood into the membranes; the substance of the brain was uniformly dark, and conjested to a remarkable extent.

It may now be affirmed, concludes Dr. Burrows, that the encephalon is not exempt from this law of physics—the gravitation of the fluids to the lowest parts of the corpse.

CLINICAL REPORTS.

NEWTON'S CLINICAL INSTITUTE,

Winter Session of 1856–7.

SERVICES OF PROFS. NEWTON & FREEMAN.

REPORTED BY PROF. Z. FREEMAN.

Case 435. Oct. 14.—Sarah McDonald, æt. 26. Prolapsus uteri. Has been married three years. Three weeks after marriage her catamenia appeared, since which time it has been absent; has never been pregnant. About one year previous to her marriage, her catamenia was arrested, but by proper medication it returned. She now has pains in her back, producing a dragging sensation there. There is prolapsus uteri, but the uterus does not protrude externally. Has some pain in the iliac regions, caused from tenderness of the broad ligaments, Urine used to be scanty and high colored, causing a scalding sensation when passing, but these symptoms have passed away. Has pains in her lumbo-sacral region, around the lumbar region, and in the calves of her legs; also, pains and aching sensation in the back of her head and neck. Bowels costive. Has at times pain in the stomach, and the presence of food sometimes causes pain. Some spinal irritation in the region of the last lumbar vertebra. Has palpitation of the heart. Thinks that the original cause of all these symptoms was disease of the uterus. Has leucorrhæa constantly but no worse at one time than another.

Treatment.—Irritate the lumbo-sacral region with oleum tiglii; continue the pustulation. ℞ Trillin ʒss; make powders x; take one three times a day. Use the cold alkaline bath once a day. Take two comp. cath. pills at night, until the bowels become regular.

Oct. 21.—Feels better in every respect; bowels open more freely, yet strongly inclined to become costive; not so much pain and general discomfort. Continue the treatment.

Nov. 1.—Bowels inclined to be very costive; leucorrhœa as formerly, but less general pain. She will not submit to examination and dressing of the uterus—presume there is retroversion of the uterus, with pressure upon the rectum, which induces the obstinate constipation. The unnatural position of the uterus, and its inflamed condition, keep up a constant pain in that region, and increased leucorrhæal secretion. Will report progress. (F.)

CASE 436. Oct. 17.—Ann Finnerty, æt. 7. Ophthalmia tarsi and opacity of the cornea. This patient's eyes were healthy one year ago. About that time they became inflamed from cold and exposure. The acute symptoms were very severe, and continued about two weeks, and then terminated in purulent ophthalmia. This continued until the present time, though much abated in severity. There is now considerable prominence and opacity of both corneæ. The right cornea has been ulcerated, and is now staphylomatous and more opaque than the other. The tarsi are considerably inflamed, and in the morning much gummed up by the tenacious morbid secretion; the eyelids are also thickened and somewhat stiffened from the inflammation, inducing a deposition of lymph and serum in their tissue. Some ocular conjunctivitis. This patient is otherwise healthy, and of a vigorous habit.

Treatment.—In the treatment of this case, we must give special attention to the skin, that by continuous sympathy we may improve the condition of the conjunctiva, thus, use the alkaline bath, with friction, every morning. Use also, ℞ Comp. powder of senna ʒss, once in three days, for its detergent and derivative influence. Use internally, tinc. iodine gtt. iij, in a little water, three times a day. ℞ Tinc. iodine gtt. x, tinc. aconite ʒj, hydrastin, gr. v, water ℥ij. M. Apply in the eyes and on the lids three times a day. The inflammation and thickening of the lids produces such a rigidity of them, that their motion upon the eyeball irritates it, and thus keeps up the purulent secretion. The ocular conjunctivitis and opacity of the cornea will not pass away until the inflammation and rigidity disappear from the lids. It will take some length of time to relieve this opacity, but, as the inflammation disappears, the opacity will gradually become dissipated. The staphylomatous condition cannot be entirely relieved, but time and proper treatment may modify it much.

Nov. 14.—The eyes had improved much, until three days ago, when she took a cold from exposure; since then, her eyes have not been as well, but they are better than when here last. There is a strong tendency to ulceration of the cornea, over the opacities. These are dependent upon a deposition of lymph, and not being organized, are easily subjected to a disintegrating or ulcerative process.

Treatment.—℞ Iod. potass. gr. v, tinc. aconite ʒj, hydrastin gr. x, water, ℥iij. M. Use as a collyrium. Use internally, ℞ Iod. potass. ʒss, water ℥iv. M. Take ʒj three times a day. Apply the irritating plaster, two inches square, to the back of the neck. Continue the bathing once in two days with tepid water alone.

Nov. 28.—Ophthalmia tarsi has disappeared, excepting a small portion at the internal canthus of the left eye: eyes very much improved.

Treatment.—Continue the internal treatment, the bathing, and the irritating plaster. Change the collyrium for the mild zinc ointment; apply it morning and evening.

Dec. 12.—Eyes still improving; no ophthalmia tarsi. Continue the treatment, excepting using the irritating plaster only one week out of four, for the purpose of diverting the excitement from the eyes.

Jan. 20.—No report since.

Case 437. Oct. 17.—Michael Whaling, æt. 17 months. Subacute gastro-enteritis. Has been affected four months with diarrhea and indigestion. Discharges from the bowels very watery. When first affected, he had about six a day, but now he has about ten. Some days he has considerable fever and nausea, and then the discharges from his bowels cease. Is inclined to eat often, but the sight of food frequently nauseates him. His food passes from his bowels undigested. Urine white and curdled; feces brownish; constant griping and pain in the bowels; tongue slightly coated white.

Treatment.—Use the tepid alkaline and saline bath once per day. ℞ Neut. cordial ℥ j, hydrastin gr. vj, sanguinarin gr. iij, geranin gr. x, tinc. opii ℥ss. M. Take a teaspoonful every four hours. Apply tincture camphor over the length of the spine, with much friction, night and morning.

Oct. 21.—Has been constantly improving since. Continue the treatment.

Dec. 12.—No report.

Case 438. Oct. 17.—Emma Smead, æt. 37. Ascites. Two years ago she had the hooping-cough, which left her with ascites. Had diarrhea at that time, which has continued ever since; also tenderness of the abdomen on pressure—could not bear her clothes fastened with their usual tightness. Has at present a slight purulent discharge from her ears, and sympathetic enlargement of the cervical lymphatic glands. Tongue looks large and broad, rather red, but not coated. Abdomen large and prominent; the swelling extends backward over the hips. The hydrops detected by the usual method, percussion, succussion, and fluctuation.

Treatment, preparatory to paracentisis.—℞ Comp. powder of senna and jalap ℥ss, cream tartar ʒij. M. Take ʒj every four hours, until it produces active catharsis. Afterward use ℞ Eupurpurin gr. xv, prus. iron gr. x. M. Make pills xx; take one four times a day. We expect to see her again, and extract the serum by tapping.

Dec. 12.—No report.

Case 439. Oct. 17. Jos. Chapman, æt. 61. Strained ankle. About two months ago, he was thrown from a wagon, and dislocated the foot inward, also fractured the fibula about three inches above the external condyle. The parts were set at the time, but there is still considerable inflammation and tenderness about the joint. The parts seem swollen and rather rigid. General health otherwise good.

Treatment.—Apply a warm poultice of datura stramonium and corn meal to the ankle; renew it morning and evening. Keep quiet at home.

Oct. 27.—Part feels much better; continue the treatment.

Dec. 12.—No further report.

Case 440. Oct. 17.—Ellen Dougherty, æt. 20. Intermittent fever (masked ague).

Had the ague sixteen months ago in Illinois. The chills were broken by quinine, but the fever has presented itself every night since. Has had much derangement of the stomach, accompanied with vomiting, during all this period; also, headache. Skin sallow, tongue large, broad, and slightly coated white; bowels regular. Has taken much quinine without much benefit.

Treatment.—℞ Gelsemin gr. xij, prus. iron gr. xx. M. Make powders xij; take one three times a day.

Oct. 21.—Has had no night fever since; her general health has improved. Continue the treatment, and return in one week.

Dec. 12.—No report.

Case 441. Oct. 24.—Mary S., æt. 18. Convergent strabismus. Was operated on for the same affection about six months ago, and though the eye seemed straight afterward, yet, for the last three months, it is inclined inward. Presume the cause of its converging tendency is on account of the subconjunctival cellular tissue not having been cut away sufficiently, and thus allowing the severed tendon, in its attachment and contraction, to turn the eye inward.

Operation by Prof. Z. Freeman: cut the tendon of the internal rectus muscle, and dissected it and the tense cellular tissue clear from the eye-ball, so as to give the eye a free outward movement. Used the cold water dressing. Eye straight, parallelism restored.

Oct. 28.—Eye straight, inflammation at the wound nearly subsided. Applied a small strip of adhesive plaster over the external angular process of the os frontis, to direct the attention of the eye outward.

Nov. 20.—Eye straight and natural.

Dec. 12.—A small fungoid excrescence formed at the conjunctival wound. Applied tinc. ferri mur. with a camel's hair pencil.

Dec. 16.—The fungous has disappeared.

Jan. 10.—Parallelism of the eyes restored; eyes look healthy. Discharged.

Part 2.—Correspondence.

PROF. BICKLEY, TO R. W. RAWLINSON, M. D.

R. W. Rawlinson, M. D:

My Dear Sir: Your letter of the 12th ultimo, was received in due time, and, as you intended it should be, was published in this journal for February, and has thus been spread before over two thousand of our professional brethren. I receive its remarks with great kindness, and frankly admit that you have laid me under obligations, by propounding such questions as would naturally arise in the mind of any gentleman who had known me as an Allopathic practitioner. Every conscientious physician will certainly hold me bound to answer your letter with frankness and courtesy. This I do from personal considerations for you, as well as in courtesy to the profession at large, and because it gives me an opportunity to define not only my own position, but what I conceive to be the position of this school, in which I have the honor to hold an humble rank. You say you are plexed to find me in this school, since you know that I was inducted into the profession in the Allopathic faith.

This arises from the fact that you do not understand the position of the school, or our idea of Eclecticism. I know that this is so, because you admit that our mutual friend, Eppes, understands us to be a conglomeration of everything, and I judge that you and Dr. Eppes do not disagree in this estimate of our scientific character. You propound to me five leading questions, to answer which, so as to do myself and this school justice, would require a long essay; and as I am publishing a work which will treat at length of the doctrines of this school, I beg you to rest content, for the present, with the brief answer I shall make, and in the mean time, give the whole subject a little attention. I ask this because I wish you to be prepared to either combat or admit my positions, as you may deem proper.

Ques. 1st. "Do Eclectic physicians bleed? and if not, what is the substitute for the lancet?"

Ans. Eclectic physicians do not bleed—especially do they *not* practice general venesection. Local blood letting for certain local congestions may be and is sometimes, though rarely, necessary. We do not object to the use of the lancet, simply to differ from Allopathic physicians, but because our pathological views do not coincide with yours; we take a different view of inflammation, and upon that basis we dare not bleed. When you and I were boys, Doctor, and that has not been a half century ago, venesection was a favorite remedy in a great number of diseases in which *now* no conscientious practitioner would dare to bleed. You have only to examine the Practice of Eberly and Wood, and the latest writers on practice, to perceive that even in the Allopathic ranks the lancet is being cast aside. For some of the reasons which have induced us to reject venesection, I beg to refer you to Newton's Syme's Surgery, pp. 25–27, et al, and to Newton and Powell's Practice, pp. 203 and 216, and Bickley's Positive Medical Agents, pp. 27–90, and to the articles on Gelsemin, Veratrin and Hyosciamin, in the same work. You say inflammation is itself a disease; we say inflammation is an extraordinary effort of the system to remove a diseased condition. You certainly would seriously think of rejecting venesection, could you have an opportunity of witnessing our treatment of inflammation, which you will *find* in the works to which I have called your attention.

You ask further, what is our substitute for the lancet? I answer by saying we have none—we have a substitute for depletion, but, as we entertain pathological views so different from yours, we do not believe depletion proper, and hence we need no lancet or its substitute. If depletion is necessary, we can effect that most easily in various ways, and yet never use the lancet, or any other instrument of venesection.

2d. "Do they (the Eclectics,) eschew all minerals? and if so, what are the substitutes?"

Ans. We do not eschew mineral agents as such, but we refuse to use several agents of the mineral kind, because we deem their use highly prejudicial. But we refuse also to prescribe certain vegetable agents, for the same reasons. *E. g.* we refuse to administer arsenic, antimony mercury, and some other agents, but for reasons not well understood by the profession. We know that arsenic is a powerful poison, and should never be relied on in the treatment of disease. A little carelessness in its use would be fatal, and as we can effect all the therapeutic indications of the agent with comparatively innocent preparations, we prefer to use those, the action of which is more satisfactory, and much more safe. Again, entertaining different views of pathology from other physicians, we do not see the same indications for arsenic that you do. When it is used, we are certain that its effects are very dangerous and destructive. The same remarks apply to antimony and to many other agents. We know that emesis is often indicated, but experience has taught us that antimony is not the best agent for producing it. Arsenic, antimony and mercury are insoluble in the fluids the body, and when they are taken, are deposited in the system, where they remain as foreign substances, constantly irritating the system and founding numerous disorders. They act by violently irritating the tissues with which they come in contact, and no matter how sanitary the first apparent effect may be, they recoil and sting the living tissues with a deadly effect. We refuse to use mercurial preparations, because the profession is deceived as to their real nature, and we know that in those conditions in which you imagine them to be useful, we possess agents which act much more satisfactorily. Suppose a man has some hepatic affection; you will prescribe mercurials, but while they seem to effect immediate relief, you know that they do not effect permanent cures. If you shall fail with mercurials, time and again, in treating hepatic diseases, and we then take your patient and with our sanguinarin, our podophyllin, our Leptandrin or our irisin, in proper combination, and raise your patient to a permanent state of health, will you not think that perhaps our agents act as well as yours? Again, did you never look on the horrible effects of mercurials, where the bones of the face have been sloughed out, where every shade of deformity had been produced by salivation, &c., and think mercury a dangerous agent? Did you never see death produced by its use? Do you not know that the best surgeons in Europe have abandoned its use in the treatment of syphilis, when a few years ago, it was thought this same mercury was a specific for syphilitic virus? We are more successful in our practice than you, yet we do not use this agent. This may be taken as an answer to questions 2 and 3.

4th. "Who is the founder of Eclecticism, and in what does it differ from the doctrines of the Botanics?"

Wooster Beach, M. D., is the founder of Eclecticism, and our doctrines are no more like those of Thomson, than they are like those of any other system. Our most inveterate enemies have been the Botanics. I will show this in a work which I now have in press on American Eclecticism.

5th. "How do Eclectics treat inflammation without depletion?"

I have already stated that we do not regard inflammation in the same light that you do, and hence the indications to us are different from what they seem to be to you. Besides, you know that depletion may be effected in various ways; *e. g.* by the alcoholic vapor bath, by diaphoretics, by cathartics, by diet, by ligaturing the extremities, &c., quite as well as it can by venesection. But to answer this question in full would require much more space than I have at command. I shall, therefore, have to refer you to our various works on the subject. You also ask, from what works you can get a clear idea of our medical doctrines. This is hardly to be expected, for our works have not been written with this object. The only clear exposition of them of which I am aware will be found in American Eclecticism, which can be forwarded by mail for one dollar, by addressing me. Very much has been written on this subject, but it is scattered through a large number of volumes. The Eclectic Medical Journal will soon post you as to what is the character of our doctrines, and I would advise you to get the back numbers. Newton's Syme's Surgery, and Newton and Powell's Practice, will be useful also. If you will read with an unbiased mind, I think we can convince you of your errors, especially if you investigate for yourself. I have already written at too great a length, and must close by wishing you and Dr. Eppes great prosperity and happiness.

Yours, G. W. L. Bickley,

HUMAN TEMPERAMENTS.

Professor W. Byrd Powell, M. D., of Cincinnati, has recently published a great work upon the human temperament. It is *original*—abounding with new and highly important facts; and ought to be read by every individual capable of reading, digesting and benefiting by great scientfic truths! Prof. P. is one of the most learned men in the world, and ranks high in America and Europe, with the learned and original minds of this age! It is rich in fact; and illustrates with magic power, *principles* of human character,—with suggestions to the sexes of the highest importance to individual happiness, to progeny and mankind! We recommend its perusal to all and every individual capable of reading. Such as cannot *buy it*, ought to *beg* or *borrow* it! Get and read it!—*Memphis Express.*

[The above valuable work can be obtained by addressing J. G. Henshall, No. 89 Seventh street, Cincinnati, O. Price, $1.50; postage, 25 cts.]

Part 3.—Editorial.

MEDICAL SCHOOLS IN CINCINNATI.

Fully aware of the importance of the subject, we propose to speak dispassionately of the medical schools in Cincinnati, their character, their advantages, their influence on the community, and their value to the city as an element of wealth. We are quite sure that we are prepared to do justice to each and every institution and Faculty in the city; and though we may fail to flatter this or that college, we appeal to the candid part of our profession for a decision on the correctness of our views.

The *Geographical Location* of Cincinnati is such that our schools are accessible to students from all parts of the country. Its central position is equally inviting to students from the North, the South, the East and the West. Long lines of railroads, rising in the most distant States, center here, enabling students to have ready communication with their homes, and even to make short visits, without material loss of time, during the sessions of the schools. The Ohio, Mississippi, and Missouri rivers, and their larger tributaries, also afford an easy mode of travel for those desiring to visit Cincinnati. Neither too far north nor too far south, the students from the warm regions of the South, or those from the colder latitudes of the North, find no cause to complain at either the absence of frosty weather, or the oppressions of a southern city. Removed from the eastern shore of the continent, in the heart of a great valley, with an intervening chain of mountains, we are here protected from the sudden changes and the damp atmosphere of Philadelphia, New York and Boston. The piercing winds of those cities do not reach here, while at the same time, the extremely rare winds of the far West are tempered before they reach this point. Hence:

The *Health* of Cincinnati is notoriously good in the fall and winter months, as is abundantly proven by the very few deaths that have occurred here among medical students. The pulmonary difficulties of the East are unknown here, as are also the winter fevers of more southern latitudes. Students, therefore, run little or no risk, by a short residence here: their health being good, their entire time may be devoted to study.

The *Morals* of the city are as unexceptionable, most assuredly, as those of any city in the world, having as large a population. The vices of other cities, even when found here, are of a milder form, and insignificant, from the meshes in which the law has entangled them. Our churches are as numerous as in any city with a similar population, and the membership vastly superior to most other places. The sources of amusement are abundant, but of such a kind as to exert no evil influence over the student who may seek relaxation, for a few hours, from the toils of hard study.

The *Accommodations* and *Expenses* awaiting the student who may come here, are both good and cheap, as in any other city. Our markets are well supplied, notoriously so, with the best meats and vegetables of any market in America, so that the living may be satisfactory to the most fastidious. Board is quite as cheap here as any where, and very cheap when compared with the board bills of some other cities. The water, when filtered, is unexceptional, and even with its mud, is superior to the water of several large cities.

Socially, the people of Cincinnati are pleasant companions, and always extend their friendships to those who may stop among them. There is a total absence of that selfish aristocracy, so disgraceful in New York, and imitated with such bad grace in other cities with less pretensions to greatness than Cincinnati. The medical student here has access to the best families, and few have had to complain of our hospitalities. In all respects socially, the people of this city will compare favorably with the citizens of any city, either in the

North or the South, the East or the West.

Politically, Cincinnati, as a city, will do violence to no man's opinions; for, notwithstanding the ultra character of a few noisy demagogues, the *people* are eminently conservative and unprejudiced — a fact which appears plain enough when we remember that our people are the sons and daughters of nearly all the States. Here we find the shrewd, economical Yankee, the speculative western pioneer, the generous merchant of the sunny South, and the calm, dignified operator of the middle States. The medical man, being devoted to science, pays but little attention to politics; yet attempts have been made over and again, to fasten on us the character of mobbists, and violators of good order. Here the student gets all news items, as soon as known elsewhere, and enjoys the society of men of eminence in all the departments of science.

Our *Public Libraries* are numerous, and always open to the use of strangers. Our scientific institutions are numerous, and, during the winter season, no city is visited by more able lecturers than this. All shades of opinion may here meet with congenial minds, and benevolent organizations be encountered on every street.

The *Commercial activity* of Cincinnati cannot fail to arrest the atteution of the stranger who makes a stay of only a few days in our midst. Turn where he may, the stranger will meet with an overflowing energy in all the vocations of life. He will behold the real cause of the prosperity of our people. The stir and bustle of our citizens; the ceaseless roar of machinery; the clank and rattle of the press; the shrill whistle of engines, and the heavy tramp of lengthened trains; the sparkling fires of the furnace; the general rush of the current of mercantile and mechanical life—cannot fail to have a happy effect on the young gentleman from the country, who soon learns that here every faculty is put in action—every man may have business.

Now, then, in such a city, teeming with vigorous life, and surrounded by unparalleled advantages—equi-distant from the North and the South, easily accessible, directly connected with all the prominent cities, and blessed with a healthy climate—how could our numerous medical schools be otherwise than worthy of consideration? It is not the profession alone, which is or ought to be interested in the prosperity of our medical schools. The entire public, here and elsewhere, have not only interest at stake in the fate of the schools, but they have the fate of western science and medical skill at stake; upon their high attainments will depend the character of the knowledge of the family physician. Here, too, the merchant, the trader in all departments, receives a positive assistance from our medical schools. These schools tend, in no small degree, to extend the trade of Cincinnati, to introduce capital, and to build up warm friends for our city in all parts of the country.

The *Number of Medical Schools* in Cincinnati is of less importance to the city than the aggregate number of students. There are now six medical schools in this city, and only two medical college edifices. The rest find, perhaps, complete accommodations in private buildings, though it must strike every person that teaching is apt to be more complete in an edifice specially arranged for medical instruction, than in a private building, where little or no pains are taken to fit up rooms for the different departments, especially those of Chemistry, Anatomy, Surgery, and Obstetrics.

We have, first, the *Eclectic Medical Institute of Cincinnati*, situated at the northwest corner of Court and Plum streets, nearly in the geographical center of the city. The building is of brick, four stories high, and is capable of accommodating about four hundred students. Its anatomical rooms are the most complete in the West, occupying nearly the entire third floor, well lighted and ventilated, and provided with all the conveniences of dissection. The amphitheater, occupying the upper story, is well lighted from the dome, and is so constructed as to enable all the students to carefully observe both the surgical operations and the obstetric manipulations. The large lecture hall and its gallery will seat nearly five hundred persons. This hall is well lighted and ventilated, is easy of access, and well adapted to the purposes for which it is used. The classes attending this school are the largest that gather around any medical school in the West; hence it must be regarded as the leading school of the city. In connection with this college, there is an excellent clinical department, or hospital, occupying a large five-story building on the south-east corner of Sixth and John streets, and well fitted up both for the accommodation of patients, and as a theater of operative surgery and clinical medicine. The students attending the Eclectic Medical Institute have access to the Clinic Institute, which is under the control of the ablest surgeons and most successful practitioners.

The *Medical College of Ohio*, located on the south side of Sixth street, between Race and Vine, can boast of a splendid edifice, where there are ample accommodations for all the departments of medical teaching. The arrangements of the building are due to the late Prof. Locke, who traveled through Europe for the express purpose of comparing the conveniences and arrangements of the different schools in the older countries. Of course, no one can expect all persons to coincide with his taste, but one fact no one can doubt: the edifice is not only an ornament to the city, but more than sufficient to accommodate all the students that will ever be gathered within its walls at one time. The Ohio Medical College is the only rival school to the Eclectic Medical Institute. Its hospital advantages are very perfect; though other schools have access to the wards of the Commercial Hospital, the hospital is really under the control of the Ohio Medical college.

There are other medical schools in the city, some of them every way worthy of the patronage of the profession, but they labor under such disadvantages, that no one, not imbued with partizan feelings, can entertain even a belief of their ultimate prominence.

THE CAUSE OF ECLECTICISM.

At no time, since the first Eclectic movement, has the cause of true medical reform been so eminently fixed as at the present moment. Our practitioners every where are determined to carry out the good cause, and they send us in cheering letters and words of encouragement from all parts of the country, telling us how our practice is being appreciated by the people. From the very nature of this movement, it has been subject to serious embarrassments. Not the least among these has been the attaching thereto of a class of men who would as soon have belonged to any other branch of the profession as to this, if they could have been as much respected. Some of these imposed on us by leading us to suppose they knew more than they did, while of others we thought we should be able to educate them, so as to make them useful members of the profession. At first we numbered only a few, and it was natural to endeavor to increase our force, and, in our anxiety to do so, we committed the serious blunder of associating with us men ignorant of science, wild and fanciful theorists, who sought only to use the cloak of the Eclectic profession to cover up their perfidy. Now, however, we number in the United States about seven thousand practitioners, and we can well afford to cut ourselves loose from those who spared no opportunity to injure us, and to detract from the dignified character of the honorable physician.

The thousands of gentlemen who have graduated in the Eclectic Medical Institute have much at stake in its character, and hence, every one must feel a deep interest in knowing that at least we are rid of those bickering factionists, who have kept the school in a constant turmoil for the past two years. We have never had but one object in battling the foes of the school, and that was to keep it *true* to the high idea of Eclecticism entertained by Morrow, the founder of the school. We became Eclectic from principle, and not as a means of connecting ourselves with the profession, for we were already attached to the Allopathic branch of it, and in good standing. Hence we knew the sacrifice we made to establish the truth, and how much depended on a united and honorable prosecution of the ends to be attained, viz.: the exposure of the errors of Old Physic, and the establishment of the truths of the New School. We labored, as we believed, faithfully, and it was but natural that we should desire to secure the results of that labor. To do this, we have been compelled to pass through a stormy trial, and we are sure that not one of the friends of Eclecticism is more rejoiced at its termination than ourselves.

Peace once more reigns triumphant in our Faculty, and there is a determination on the part of the Board of Trustees, to continue this state, or to remove every member who refuses to abide by the rules of the Board, and the voice of the majority. The Faculty now have one end to attain, and that is the proper teaching of the doctrines of Eclectic medical science. Each chair is filled by a gentleman who knows his duty, and does it; no fanciful theories now distract students; no private-pay lectures divert their attention, and no Professor dares *backbite* another, on pain of expulsion. All disputes, should any arise, must be referred to the joint action of the Board of Trustees and the Faculty.

The results of this state of things have been eminently satisfactory, during the past session, and we here venture to affirm that no class ever attended the institution, who left it with such a high respect for *all* its teachers, and who were so universally pleased with the course. It is gratifying to us, and cheering to our friends, for certainly our bickerings were becoming ridiculous in the extreme. We have always had the utmost faith that truth and right would prevail, and we still think so. We may have been misrepresented, but the profession will recognize the fact, in time. In the heat of angry quill warfare, we may have written harshly, but we had been treated harshly. We may have been annoyed, but we finally triumphed, and it is with pride that we say to the profession, the cause of Eclecticism proudly throws its banner to the breeze, and now defies both the hatred of opposing sects, and the machinations of *pretended* friends. We believe that the assembled class next fall will forever put a quietus on the tongue of slander, and teach the enemies of liberal medicine that our course has been sustained by our branch of the profession.

CONCENTRATED MEDICINES.

The almost universal adoption of the use of these medicines, by our branch of the profession, has created a commercial demand for them which is hard to supply by our manufacturers. The great convenience of this form of remedies, to say nothing about the benefit to the patient, is incalculable. When we, like hundreds of our brethren, had to fill our "pill-bags" for a trip of fifteen or twenty miles, we found it necessary to impose upon our faithful and well-tried old Charley, in addition to our own weight of 175 pounds, at least 25 or 30 pounds of drugs. At this time, we can carry, in a common pocket case, the active principles of more than a cart load of the crude articles. Our patients no longer have reason to object to swallowing our medicines for fear of making, as has been and still is by some, a wholesale drug warehouse of their stomachs.

This peculiar feature of reform has done, and is still doing, more to gain favor with the people, than any other single improvement made. Neatness is commendable in all things, and in nothing more than the practice of medicine. This enables the physician to administer his medicines in minute doses, and yet they possess the activity of pounds of the crude drug. These medicines are more certain in their action, more convenient for the physician, and a thousand times more agreeable to the sick. He who tries to see how much crude medicine he can give his patients, will find himself without patients as soon as they learn that they can be cured by another physician, with apparently little medicine.

Physicians who have not used these medicines can form no conception of the great distance they are from the present state of Eclectic practice. We have used the concentrated medicines from their first introduction; we have labored for years for their general adoption: the longer we use them, and the more familiar we become with their superior advantages, the better are we satisfied with the results attained, and the more cheerfully do we recommend them to the profession.

DISEASES OF THE BREASTS.

We begin a series of clinical lectures on diseases of the female breasts, in this number, which will be continued in future numbers of the Journal. We hope to be able to present, in these lectures, much valuable information to our readers. No class of diseases require more attention and study, by the practitioner, to enable him to diagnose and treat them successfully, than the various diseases of the breast. The hope of being able to assist, especially the younger members of our profession, upon this subject, has induced us to arrange these lectures in such a way, as to be published, after being delivered before the class attending at Newton's Clinical Institute.

INFANTILE MORTALITY.

Until mothers learn how to manage children, death will hold high carnival among the innocents. If children are expected to be indulged in every whim, and to gratify every appetite—to gorge themselves with fats, and sweets, scalding hot coffee and high seasoned food—then we may expect to have them afflicted with all manner of diseases, from cholera infantum to scrofula. If we dress them up in an extra amount of flannel one day, and in gauze the next; if we keep them from the pure air, and let them sleep in thick feather beds; if we let them spend the best part of the night in infantile flirtation, at baby balls, and then compel them to spend a large portion of the day in a close schoolroom, or renew the ball scene next night, we may expect them to blight and fade like sickly flowers.

Every mother should study physiology, and thus inform herself of those conditions which are to be observed if she would keep her children healthy. At least they should be willing to be guided by the family practitioner, if they will not try to learn the rationale of his advice.

EXTRACTION OF MECURY FROM THE SYSTEM.

We find a communication, by Professor Hougham, of the Franklin (Ind.) College, in a late number of the Indianapolis *Daily Journal*. The letter was elicited by the following editorial remarks in that paper of Feb. 10th:

> "A Discovery.—One of the Professors in Franklin College, in this State (we have forgotten his name), is said to have made a discovery by which mercury may be extracted from the human system by a chemical process. If this really proves to be a discovery of a new scientific truth, it will be a means of relieving a large portion of mankind from disease and suffering, caused by the improper administration of medicine, by incompetent physicians, or the imprudence of patients, when under the influence of mercurial medicines."

The above notice reaching the eyes of Prof. Hougham, he sent the editor the following letter. We would take occasion to remark here, that if Prof. Sanders did make the discovery of the electrolysis of mercury and other deleterious metals from the system, the discovery owes its greatest eclat to the learning and talent of Prof. Hougham, who, with singular ability, has not only confirmed these discoveries, but has proved them beyond refutation, by the scientific manner in which he has conducted the experiments, providing against any method by which mercury could reach the cathode by transmission through the pole-wires. Professor Hougham has also effected the electrolysis of mercury from three persons at once. This was never before done by any person. We learn that this able physicist is still engaged in his investigations. We have not a doubt but that they will result in discoveries which will still enhance the fame that he has already acquired as a profound and scientific investigator. The letter we alluded to above is the following:

Franklin College, Feb. 10, 1857.

Messrs. Editors: In this morning's Journal it is stated that "one of the Professors in Franklin College, in this State, is said to have made a discovery by which mercury may be extracted from the human system, by a chemical process."

As I am the only member of the Faculty of this Institution whose professional labors are connected, directly, with chemical science, and as I have recently made some experiments upon the subject referred to above, I infer that I am the professor whose name was not remembered, and hence, not given.

I would indeed be proud of being the *discoverer* of such a scientific truth as reveals to us the means of decomposing and removing the salts of mercury which have remained in the human system many years, if that honor were justly due to me. But it belongs to another.

As far as I have been able to learn the facts in the case, Prof. J. Milton Sanders, of Cincinnati, is the person who made the discovery; and so far as honor is to be bestowed on any one for that discovery, his claims are without a successful rival.

I have merely reproduced the experiment, as directed by Prof. Sanders, and extended the investigations somewhat, for the purpose of satisfying myself more thoroughly of the correctness of the results.

As a *scientific truth*, I regard the one involving the electrolysis of mercurial and other metallic salts in the human system, and their separation from it, one of the finest discoveries of the last decade. But what may grow out of that *truth*, yet remains, in a great degree, to be developed. I would simply premise that it may be quite as safe to trust one's self in the hands of a judicious and prudent physician, who places "mercurials" in the system, as in the hands of an ignorant and imprudent electro-chemist who can extract them from it.

By inserting this in your valuable paper, you will only place Prof. Sanders and myself in our true relations to this *discovery*.

Yours truly, Jno. S. Hougham.

WOOD'S THERAPEUTICS.

This work, in two volumes, is by one of the authors of the U. S. Dispensatory, and is one of the best works on the subject yet published; it is worthy of a place in every medical library. It is published by Messrs. Lippincott & Co., of Philadelphia. No work of the size of this will ever be written, that will be acceptable, in every particular, to every reader, but this is as free from objection as any one with which we are acquainted. We have long felt the necessity of a complete work on Therapeutics, and since no Eclectic physician would prepare one, we are under great obligations to Prof. Wood. The style of this work is unexceptionable, and displays taste on the part of all concerned in getting it up. The subject matter shows that the author is thoroughly conversant with the science on which he writes; yet, notwithstanding, we must remind our readers, that the author entertains some views to which we do not assent, and which, in all probability, he will have to modify in succeeding editions of his work.

GREGORY'S CHEMISTRY.

Perhaps no work which has been issued from the American press, for the last year, has caused more general discussion, *pro* and *con*, than the two Chemistries of Dr. Gregory. But little, comparatively, would have been said upon this subject, had not the editor been a teacher of the science in an Eclectic college. As this college is antagonist, in its teachings, to those designated Allopathic, it appears to be incumbent upon the latter to find fault with every thing which issues from it. The Chemistry of Dr. Gregory, therefore, must necessarily fall beneath the condemnation of these Allopathic journals. There is, however, one remarkable fact connected with the virulent attacks which have lately appeared against Dr. Gregory's Chemistry; and that is, that those journals which have originated them are generally characterized for the feebleness and inefficiency with which they are edited. Not possessed of the capacity to judge an able work from a feeble one, they devote their pages to such palpable and virulent condemnation, as at once reveals the malignity and purpose of their editors.

We are, however, proud to have it in our power to say, that there are still many journals, which, although antagonist to the Eclectic profession, and at variance with the system of medicine practiced by its members, have too much pride of character to imitate the licentious and vitiated course adopted by their less conspicuous brethren. When a work, possessed of the intrinsic merit contained in Gregory's Chemistry, is submitted to their inspection, the simple fact of its being edited by a man who teaches chemistry in an Eclectic college, does not deter them, for a moment, from giving the author and editor all the praise they really deserve. The following notices are submitted to the reader as specimens of the criticism of men who are really possessed of the scientific ability to review works on modern chemistry. The first notice is from the *American Medical Monthly*, of New York, and is, we doubt not, from the pen of that able chemist, Prof. Lewis H. Steiner, of Baltimore. It is a fair and able criticism by one who is possessed of the ability to comprehend the recondite truths of modern chemistry. We also insert a notice from the *Memphis Medical Recorder*, edited by Prof. A. P. Merrill.

Thus it will be perceived, that while a few insignificant and obscure journals are exhibiting to the world their spleen and imbecility in what they would dignify as a criticism, the really able journals of the land, although Allopathic and antagonist to the Eclectic medical profession, have still the candor to speak the truth about Gregory's Chemistry. We have several other reviews which we shall present to the readers in subsequent numbers of our Journal.

Handbook of Chemistry, for the use of Students. By W. Gregory, M. D., F. R. S. E. Edited by J. Milton Sanders, M. D., LL. D. 2 vols. New York: A. S. Barnes & Co. 1857.

The accumulation of Text-books and Treatises on the subject of Chemistry has become almost appalling to those who give their attention to this specialite. Our shelves are speedily crowded with books of this character, written with all degrees of merit, from the miserable compilation of Comstock—at one time the terror of all village school-boys and girls—through various grades up to the late publication of Gmelin's Handbook, that grew, without any attempt at prolixity, to the capacious dimension of twelve volumes, ten of which in good English dress have been given to us by the Cavendish Society. And yet, notwithstanding the replete condition of our shelves, we anxiously seize every new book on the subject, with the hope that it may be free from the defects of its predecessors, and that more system and order may be exhibited in the arrangement, and that the neophyte shall not be intimidated at a seeming *rudis indigestaque moles.* How often are we not disappointed on an examination of the new comer? Like bubbles of Phosphuretted Hydrogen, which, as *Jack wi' the Lanterns*, delude the bewildered traveller into marshy grounds, where he finds nothing of the attractive light that first met his gaze, but plunges about in utter darkness—like these gay deceivers from Nature's Laboratory, most of the *new* text-books on Chemistry are simply attractive from their exterior, containing nothing within which will satisfy the expectations founded on the external attractions.

Chemistry is so emphatically a science of progress, that systems for teaching it must be reconstructed from time to time so as to make them sufficiently comprehensive to include at least the most important facts, which have been acquired by modern research, and the laws which underlie these. If an author neglects to admit the changes which new discoveries make so necessary, or if he refuses to keep his treatise up with the progress of the science, it is right that it should be displaced in favor of other and better treatises. Any cause indeed that will make a text-book fall below the gradually rising standard of what such a treatise should be, will insure its banishment from the student's table.

At this present time there is great need of a text-book on Chemistry, well fitted for the use of medical students. Turner has become obsolete, because the work grew by the accretion of external particles which various editors had plastered on until the beauty and symmetry of the original was hidden amid the mass of additions and could no longer be recognized; Grahame, in the first edition of his Chemistry, introduced a new species of text-book—profoundly scientific and yet clear and charmingly interesting. This characteristic was retained in the second edition of the first part, but the publishers have announced the second part as "*preparing for publication*" for more than six years, and we suspect his comfortable berth in the Royal Mint has given him a distaste for work. Regnault's Chemistry is a good treatise on Inorganic Chemistry—a species of Encyclopædia of the most important principles of this branch of the subject, but the portion devoted to Organic Chemistry is disproportionately small, and is defective as a treatise for the medical student. Fownes—the best treatise of its size—needs a reconstruction of the Organic as well as the Physical portion. Just at this crisis, the fourth American edition of Gregory appears, and we greet it with much pleasure, as more nearly approximating what we wish for the profession than any of its predecessors. The book is well edited by Dr. Sanders, who has written, by way of an Introduction, an account of the Imponderables, which Dr. Gregory had not comprised in the English edition. It seems necessary to prefix to our American text-books on Chemistry some account of what has been properly called the Physics of Chemistry—and we are very well pleased with the manner in which the editor has accomplished this part of his task, although we feel inclined to differ with him as to the propriety of consuming 40 pages on the subject of Photography, while he only finds room for 1½ on Frictional Electricity. Were the treatise one on Applied Chemistry, the lengthy discussion of the former subject, with details of the practical operations of the art, would not be out of place—but in a book specially intended for our profession, an author should be particularly jealous of consuming much space on subjects which are not of direct importance in medicine.

The articles on Light and Heat are written with great clearness and present, in a condensed form, the modern views on these subjects. In treating of Physiological Electricity he mentions the experiment with which the papers were lately filled, of removing mercury from the human system by galvanic electricity, and a case is cited, as having occurred under his own observation, where he says, the feet, being placed in a foot-bath containing some water acidulated with hydro-chloric acid, were allowed to rest on a polished plate of copper, to which the negative wire of the battery was attached, while the positive was grasped by the patient's hand. In half an hour, the copper plate was found to be covered with a white substance which proved to be minute globules of mercury. We have never had an opportunity for testing this process for the removal of mercury, and although our incredulity is very great as to the feasibility of the proposed method, yet the respectability of the witnesses as to its efficiency and the known facts with reference to the decomposing power of Galvanic Electricity, force us to admit its possibility. It were well if some experiments were made by the profession on this subject, and the results, said to be obtained by the process, either confirmed or absolutely denied.

Dr Gregory's portion of the first volume, comprising a consideration of the elementary constituents of matter, has been prepared with that care and judgment, which show a combination of thorough knowledge of the subject with large experience as to the wants of medical students. No space is consumed in useless discussion. Those subjects which have specially attracted the attention of chemists, within the last few years, such as aluminium, are treated at sufficient length to give a very good idea as to the true mode of their preparation and their real properties. His description of that type of polybasic acids—phosphoric acid—contains a very clear and intelligible statement not only of Grahame's view with reference to its three modifications, but also of Liebig's much simpler theory. Our readers are conversant, we presume, with the former, which assumes that *mono*, *bi* and *tribasic* phosphoric acids are simply hydrates of the anhydrous PO_5, which being once established they acquire the property of combining with 1, 2, or 3, equivalents of base. Liebig's view is not so generally known, and Gregory has represented it here very fairly; the three acids are considered "as radically different, being formed of hydrogen, united in each to a different compound radical; and that as in the first there is only 1 eq., in the second 2 eqs. and in the third 3 eqs. of hydrogen, the salts must necessarily contain equivalent portions of metals, which in the two latter may replace the hydrogen either wholly or partially, as in other polybasic acids." The following formulæ will represent Liebig's view of the composition of the three forms of Phosphoric acid and their salts:

Monobasic Acid.

Acid.	Salts.
$PO_6, H;$	$PO_6 M.$

Bibasic Acid.

Acid.	Salts.
$PO_7, H_2;$	PO_7, M_2
	$PO_7 \left.\vphantom{\begin{matrix}M\\H\end{matrix}}\right\} \begin{matrix}M.\\H.\end{matrix}$

Tribasic Acid.

Acid.	Salts.
$PO_8, H_3;$	$PO_8, M_3.$
	$PO_8 \left.\vphantom{\begin{matrix}M\\H\end{matrix}}\right\} \begin{matrix}M_2\\H.\end{matrix}$
	$PO_8 \left.\vphantom{\begin{matrix}M\\H\end{matrix}}\right\} \begin{matrix}M.\\H_2\end{matrix}$

There is one remark to be made *against* the arrangement of the Inorganic Chemistry—that the author has described all the oxy-salts under their generic names at the end, instead of considering each under its proper metallic source. We know that this plan has received the sanction of Turner, but every teacher must have felt its inconvenience. When the subject of any particular element is under consideration, the student should have a connected view of all its compounds. If those compounds., which are known as Haloid salts, are to be studied along with the respective metals, why not also the oxy-salts? If their consideration is to be left until the whole of the elements are gone over by the student, he loses his interest in their study. It may be well that students should learn the *generic* properties of sulphates, carbonates, nitrates, nitrites, &c., but it is of special importance that the *specific* characters of the various articles of these groups should be thoroughly studied in connection with their metallic sources. Gmelin has followed the plan of including under the consideration of each element all the compounds which belong to it, and those who have used his invaluable Handbook for daily reference will testify to the value of such an arrangement.

We must make one other remark as to

"*the display*" of the book, which will apply to both volumes. It is very convenient in using a book for reference or study, that the type with which it is printed, should have such a difference in size, that the different divisions, subjects treated, &c., could be recognized at a glance. Desilver's sixth edition of Johnston's Turner is well printed for this purpose. We are able to find what we want, and very quickly. Now, this edition of Gregory is beautifully printed on unexceptionable paper, but the Publishers will allow the suggestion that, in another edition, they will confer a great favor on those who are to use the book constantly, if they will aid them in the use of it by employing type that shall show, at a glance, the different divisions, the names of the elements and their compounds, and relinquish the present size which is scarcely distinguishable from the text.

The volume on Organic Chemistry, we take it, is the best that has appeared for the use of the medical student. Dr. Gregory has not occupied his pages with lengthy discussions on the various theories, which have been proposed and discussed by the best scientific minds of our day, as to the true rational formulæ of organic compounds. It is right that the student should know what the theory of Compound Radicals is, as supported by Liebig and Berzelius, and should not be ignorant of the "Theory of Types" and the "Law of Substitution," but he cannot afford the time required for the discussion of these subjects to any length. He wants the facts of Organic Chemistry—the properties of organic bodies and, as far as possible, the *rational formulæ*. But if either is to be neglected for want of time, it is the latter; he can submit to an *empirical* formulæ better than he can to an ignorance of the properties of an organic substance. Unfortunately, classification, naturally difficult in a branch which is but in its infancy, has invested Organic Chemistry with much to intimidate the student. He fears to enter such a maze, lest he may become inextricably involved. Gregory adopts Liebig's theory with regard to compound Radicals because it has "the advantage of uniting those substances which are naturally allied in composition." The whole arrangement seems to us, without really being able to stand the test of close scientific scrutiny as to merit on the score of accurate classification, to be one that every student will find exceedingly convenient for study. The author discusses, at sufficient length, the organic acids, oils, fats, resins, coloring and extractive substances, organic bases, non-nitrogenized and nitrogenized vegetable principles, and closes with a concise examination of the composition of the organic proximate principles, the fluids, secretions and excretions of animals, and a very useful series of considerations on the nutrition of plants and animals. Dr. Gregory is always accurate and reliable, and we are satisfied that *the Organic portion* of this chemistry, which can be obtained separately, will be generally adopted as a text-book throughout our country. Our brethren in the profession will find it a good book for reference, and will do well to add it to their libraries.—*N. Y. Med. Monthly*. L. H. S.

Handbook of Inorganic Chemistry. By WM. GREGORY, M. D., &c., edited by J. MILTON SANDERS, M. D., &c.

Handbook of Organic Chemistry. Same author and editor.

Of the character and merits of these works of Dr. Gregory, it is not necessary to speak. They are too well known and established to require commendation at our hands. The American editor has supplied this edition of the Inorganic Chemistry with quite an elaborate treatise on the imponderables, light, heat, and electricity, which subjects are not embraced in the original work. This occupies nearly one-half the volume. Although the matter of this addition is not condensed in the masterly manner of Dr. Gregory, it is less diffuse than most other treatises on these subjects, and does the author credit by its ability and exactness. It embraces much that is of interest to the medical student, in the way of physiological electricity, and to the artist on the subject of chemical photography.

The second of these works is more extended and scientific than the first, embodying in a small space and intelligible form, the whole science of organic chemistry; to which the editor has added a supplement, with the view to keep the work fully up with the discoveries and improvements of the present time; but such is the progress of chemical science, that the ink has scarcely time to dry upon the pages of new editions of hand-books, however perfect they may be, betore it becomes necessary to set about the preparation for new revisions and supplements, to keep the world informed of new developments of great and important scientific truths.—*Memphis Med. Recorder.*

NATIONAL ECLECTIC MEDICAL CONVENTION.

This important organization is to meet in Cincinnati, on the third Wednesday in June next (17th). We hope that every Eclectic will feel it a duty to attend. These re-unions are always desirable, because they cultivate the friendly feelings of the profession, and stimulate us to renewed exertions. The preparations for the convention will be complete and the accommodations perfect.

PROF. BICKLEY'S HISTORY OF ECLECTICISM.

This indispensable work is now in press, and will be out in a few weeks, or during the present session. It will be the only real exposition of Eclecticism, as promulgated by this school, ever published, and will be studded with those facts and arguments which are so essential to the Eclectic practitioner. The specimen chapters, which have been and will be published in the Journal show what the work will be. As only a limited number of copies will be published, those of our friends who wish to get it had better order it at once. Orders for it should be sent to Prof. G. W. L. Bickley, Cincinnati, O. The price is *one dollar*, (and twenty-five cents to pay postage). Enclose a dollar bill, and eight stamps, or a quarter in silver. The book will be forwarded as soon as bound. The work will be illustrated by portraits of Profs. Morrow, Powell, Jones, Newton, Freeman, Sanders, Bickley, Baldridge, Scudder, the Institute, Newton's Clinical Institute, &c., &c. This work is gotten up in good library style, and is as well worth its price as any book ever issued from the American press.

SIMPSON'S OBSTETRIC WORKS—SECOND SERIES.

This handsome volume, of 733 pages, being the second volume of Simpson's Obstetric Memoirs, was received from the American publishers, Messrs. J. B. Lippincott & Co., of Philadelphia, some weeks ago, and of which we now propose briefly to speak; not that our opinion is worth more than that of others who have examined the work, but to keep our branch of the profession posted on those new publications which we think worthy of attention. Dr. Simpson is the Professor of Obstetrics in the University of Edinburgh, and in his profession has no superior in Europe. When we remember that it was through him that chloroform was introduced to the profession, our conceptions of the man must be of the most exalted kind, for certainly that was one of the longest strides toward perfection ever made in medicine. The Edinburgh editor of the work, Dr. W. O. Priestly, is also eminent as an accoucheur, and Dr. H. R. Storer, the American editor, has long been one of the physicians of the Boston Lying-in Hospital.

Then, from such an array of talent we might be led to expect a work of superior merits, and certainly the volume before us is such a one. It is full and complete in every particular, and it is not too much to say, that it brings the science down to the present day. Without hesitation, we therefore recommend the work to the profession, as one in every respect worthy of confidence, and one which ought to be in the library of every physician. The editor of this Journal, in an article on surgical fever, in the next number, will have occasion to examine the views of Prof. Simpson on puerperal fever, which we conceive to be the best yet advanced in any work on the subject.

THE HEALTH OF OUR CITY.

The cold weather is now over, and every thing begins to look changed. The health of our city was never better. Cincinnati may be said to be one of the most healthy cities in the United States. We have had some cases of scarlatina this winter, but, as a general thing, the disease has readily yielded to a stimulating and tonic course of medication. As the depletive plan of treatment is abandoned, the fearful mortality attending this disease is greatly lessened; and at this time, the whole medical profession, is making great improvements, on the old plans of treatment, and now the terror of scarlatina is passing away.

AMERICAN PHYSICIANS IN EUROPE.

Go where one may in Europe, and he is sure to meet the American physician. This demonstrates the energy and perseverance of medical men to master the profession which they have adopted. We have several Eclectics in Europe, from some of whom we hope to hear hereafter. And we trust they will occasionally drop a little seed of Eclecticism by the roadside, in old Europe, that from it there may yet spring up the germ of rational medicine, even across the water.

SPRING SESSION.

Our Spring course commenced on Monday, Feb. 2d, and the class is large. The dissecting rooms are well supplied, and every member of the Faculty is at his post. The clinical department is very interesting.

LETTER FROM PROF. SYME.

We received, by the last European steamer, a letter from Prof. Syme, of Edinburgh, pointing out the existence of his most recent opinions, as embodied in his various contributions to surgical science. It is our intention, in our edition of Syme's Surgery, to bring his labors down to the period at which we write. His work will supply a want that has been long felt in our branch of the profession, and will present, at one view, the real difference between Eclectic and Allopathic surgical science.

CREATION OF THE HUMAN RACE.

Hitchcock, the eminent geologist, said, in a recent discourse delivered by him in Albany, that geological science places man among the most recent of created things. We find the surface of the earth (says Dr. H.) composed, to the depth of some eight or ten miles, of rocks. These rocks are full of the remains of animals and plants. Thirty thousand species have been disinterred, yet no human remains are found among them, until the loose soil-alluvian is reached, which soil is universally acknowledged to be of recent origin. The remains of other animals are found several thousand feet below the surface, while the fossel remains of man have never been found so low as one hundred feet below the surface. But, if man had been in existence when these other animals lived, whose remains are found at such depths, his remains would have been found there, for his bones are of the same structure as theirs, and consequently no less likely to resist destruction.

THE

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Part 1—Original Communications.

HISTORY OF THE ECLECTIC MEDICAL INSTITUTE OF CINCINNATI, AND ITS ETHICAL PECULIARITIES.*

BY PROF. G. W. L. BICKLEY.

CHAPTER IV.

In consequence of the writer's resignation of the chair of Materia Medica, Therapeutics, and Medical Botany, in the Eclectic Medical Institute, in May, 1854, as a matter of course, a vacancy was created, which rendered the appointment of a successor to that chair imperative. To find persons who would have been willing to take the position, would have been an easy task, but to find a competent man was another consideration. Having had some correspondence with Dr. Charles H. Cleaveland, of Waterbury, Vt. [then acting as the agent of Messrs. Seymour & Co., of Seneca Falls, N. Y., in the sale of patent trusses, body-braces, &c.,] and believing him to be a man of some solid acquirements, I suggested his name to the Faculty, and Prof. R. S. Newton and Prof. Z. Freeman immediately urged his appointment. He was written to, and having signified his willingness to serve in the proffered capacity, his name was announced by the Dean and editor of the Journal; and upon this bare announcement he removed to the city, and in the fall of 1854, entered on his professional duties.

Having left Cincinnati in the early part of September, for New York, to fill an engagement of a literary nature, I saw and knew little of Prof. Cleaveland, and hence I must depend on the authority of others, and on the college records in my possession, as well as private documents in my hands, to trace his connection with subsequent events. As those events have, in a great measure, been embodied in the judicial records of the city, I shall feel warranted in entering into an analysis of some of their phases. To do this, I shall be compelled to speak plainly of my successor; and this is the more apparently necessary, when it is here avowed, that the various succeeding troubles can be clearly traced back to the injudicious conduct of Prof. Cleaveland.

Of Prof. Cleaveland's general medical education very little is known, but it is presumed to be sufficient for the practical purposes of his profession. But that he was sadly deficient in chemistry, anatomy, and therapeutics, has been clearly shown by recent events. But we are to take the man as we find him; and as he was introduced to our branch of the profession as a well qualified teacher of materia medica, therapeutics, and medical botany, the writer feels it to be his duty to regard him only as such.

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* Entered according to Act of Congress, in the year one thousand eight hundred and fifty-six, by G. W. L. Bickley, in the Clerk's office of the District Court for the District of Ohio.

Whatever may have been his capacity in botany, and in therapeutics and materia medica, as an Allopathist, he certainly knew but little of Eclecticism, and the agents used by us, and much less of the *rationale* of their use. His education had been derived from Allopathic sources, and what he knew of the agents used by Eclectics had been rceeived from imperfect reservoirs; for, not clearly comprehending the objections which we urge against the use of calomel in any case, we find him recommending it, in Nelson's *Northern Lancet*, in opposition to all that had been adduced by his colleagues in condemnation of it. Of our active concentrated medicines he knew little or nothing, as is admitted in a letter now before the writer. Of the nature and responsibilities of an Eclectic teacher, he seemed not to entertain a fair conception, as will presently appear. On the other hand, if Prof. Cleaveland had confined himself to the studies of his chair, he could certainly have mastered its intricacies, for he is evidently a man of native intellect; and where one is blessed with a fair share of common sense, he can certainly master a *single* branch of a profession which he has claimed the legal right to practice.

But, unfortunately for the interest of the cause in which he had entered, he had but little disposition to lose a penny's worth of time, in order to investigate for himself the value of the agents on which he was expected to lecture. The sharp rule of Green Mountain economy governed the man, and he was much more ready to puff a new book for its cost price, than stand out boldly in the advocacy of the great principles of medical reform.

Harmony in the teachings of a medical college is *the* desideratum; but Prof. Cleaveland overrode this necessity, and, like the French red-republican, he set up a standard of opinion for himself, and at once created confusion in the teachings of other chairs. *E. g.*, if the Professor of Theory and Practice recommended podophyllin, leptandrin and sanguinarin, in hepatitis, as valuable and efficient remedies, the Professor of Materia Medica pronounced them inert and worthless. This course distracted the minds of students, mortified the Professors, and reduced the teachings of the school to the most ridiculous charlatancy. Students knew not whom to believe, and there can be no question that the general cause sustained a very heavy loss by this division of opinion. The Eclectic branch of the medical profession prided itself upon the elegancy and positiveness of the leading agents of daily practice. Having witnessed the production of morphine from opium, quinine from cinchona, strychnine from strychnos, and having found the active salts quite as reliable, and more positive in strength, we saw no reason why most of our vegetable medicines might not be so concentrated; and having found by actual experience that the podophyllin was better adapted to use than the podophyllum, the gelsemin more certain than the gelseminum, the macrotin more uniform in strength than the macrotys, we felt very much disposed to encourage such concentration, and it had come to be generally understood in the profession, that this peculiarity was our own. But our new Professor of Materia Medica, whose letters now before me admit his ignorance of these concentrations, took a bold stand against them, and thus assumed an attitude of opposition to the rest of the Faculty. Messrs. Keith & Co., of New York, were violently assailed, their medicines decried, and experiments were instituted to prove them mere adulterations. From the very nature of their extraction, some trace of the re-agents will remain; and on this fact was founded the opinion that the agents were adulterated. The Professor of Theory and Practice, who was doing a heavy practice, was daily using these agents, and hence had abundant opportunities for testing their true value as therapeutic agents.

Prof. Cleaveland soon drew Prof. King on his side of the question, and Prof. Buchanan followed in the wake of King, while Profs. Sherwood and Hoyt, who usually moved with the majority, joined them, and thus they threw Profs. Newton and Freeman greatly in the minority. Matters daily grew worse, and the *majority* of the Faculty, who, however, held a *minority* of the stock, began to agitate the preliminary steps to effect the expulsion of Profs. Newton and Freeman. They appealed to Prof. L. E. Jones, to get his stock, and having been repulsed by him, they next concocted a plan of issuing stock to irresponsible men, and by predicating votes on the stock so issued, to attempt to carry the approaching election of a Board of Trustees. It will appear in the testimony of the resulting suit, that they received no *bona fide* consideration for the stock which they issued, and that they sought only to control the election of 1856.

But this was only one phase of conduct which alienated the Faculty, and stimulated each party to the exposure of the other. The Eclectic Medical Journal, of which Prof. Newton was editor and proprietor, was a subject of disputation. He had conducted the Journal with so much tact and ability, that it had attained a large circulation, and envy whispered in the ears of Cleaveland, Sherwood, and Buchanan, that it was doing too much for Newton, and not enough for them. Cleaveland tried to get the management of the Journal, but he and his coadjutors refused to assume the pecuniary responsibilities of the same, and hence did not get it. It seems to me that it was absurd to expect that Newton would risk his money in the hands of others, who had no more ability for conducting the Journal than himself. Having failed in this project, they then endeavored to get Prof. Newton to suppress the "*Express.*" In this they also failed. Then there was a dispute fermented between Profs. King and Newton, in relation to the Eclectic Dispensatory, by King and Newton, which, it was thought, would result in an open rupture, but which was quelled by an agreement between Newton and King, which, though of a private character, was gossiped out by Cleaveland, and hence proved of no avail.

In the spring session of 1856 the crisis came, and the Faculty became suddenly belligerent. The election for a new Board of Trustees was to occur in a few days, and it was determined then, as the last effort, to control that board, so as to effect the ejection of Profs. Newton and Freeman. The class was fully aware of the variance between the parties, and though there were five against two, many of the class, and especially those most experienced, stood by Newton and Freeman.

I need not here enter into minutia in reference to the issue of stock, and the double election which resulted, as this will appear in the next chapter (v.) It is here sufficient to say, that two elections were held, on the 7th of April, 1856; one at the office of the Treasurer, Prof. R. S. Newton, and the other in the ante-room of the college. At each place there was a board elected entirely separate and distinct. Upon this there arose a question as to which should exercise the functions thereof. Cleaveland's party, in the absence of Newton, locked up the college, and thus held possession. This was the signal for war! Newton and Freeman, and their friends, went up, effected an entrance, and then took possession, but, in a short time, the opposite party were on the ground. All laws were set at defiance, and the strong arm of power intervened to test the rights of Newton, or the rights of Sherwood, who claimed to be the Treasurer of the Board, and by virtue of his office, to have control of the college property. Newton's party, consisting of some dozen or fifteen persons, were soon surrounded by an angry little army of Cleavelandites. While Newton's party stood on the steps or stairway, the opposite party thronged the entrance, and, in threatening attitude, endeavored to overawe the little Spartan band who had taken possession, and bid defiance to their foes. Knives, pistols, chisels, bludgeons, blunderbusses, &c., were freely displayed, and the usually staid Prof. Buchanan urged his troops to enter, and though the Rev. William Sherwood held up both hands, that the battle might end in the total overthro—

of Newton's party, still the brave outsiders could not be persuaded, coaxed or driven upon those murderous weapons, which grinned solemn death from hand and pocket, and rendered terrific the bare thought of carrying the stairway by storm. "On, on! my brave lads," shouted Prof. Buchanan. But no commander—even had he been one who would *lead*—could remove the belief which the outsiders entertained of the character of Colt's pistols in a storm. The night and the day passed, and the night again witnessed renewed efforts to get the outsiders in, when finally a six-pound cannon was procured to sweep the passage if a rush should be made by the outsiders. The sight of this gun was enough, and the besiegers retired in utter disgust with attempts to storm medical colleges. The piece fell into the hands of the Mayor, whose force was on the ground to prevent a riot, but the effect was the same, for it cleared the college, and though it had to be guarded against surprise, during the summer months, no other attempt was made to get possession.

From this time on, the quarrel of the Faculty became a matter of public notoriety, and the war, as waged, was rich in the extreme. The five bogus stock operators, Buchanan, Hoyt, Cleaveland, Sherwood, and King, were expelled by the Board of Trustees, and they, having previously established a journal, proceeded to complete their course of lectures in a hall on the corner of Eighth street and Western Row.

Newton's "*Express*" and the Eclectic Medical Journal continued to pour hot shot into the ranks of the bogus men, while the College Journal occasionally returned the fire, but, as the caliber of their pieces was too small, their shots generally fell short of the mark. Freeman, with his "*Antisquamiatha*," riddled them from stem to stern, while Newton cut off their retreat by a well directed course of legal tuition, and Jones, with his artillery, threw bomb-shell after bomb-shell into the quiet little kingdom of Anthropology, crippling, crashing and mashing the poor thing into utter dust. Naudain, with his satirical pen, made the preacher pray when he would not, and fat regal John was made to draw himself up to the dimensions of spare Cacius, while the chemist and the therapeutist were traced in all their ingoings and their outcomings.

Whatever may be said of the justness of such a war among doctors, it cannot be denied that the battle was waged with vigor; and, as the courts and the public sustained Newton and Freeman, and their board of trustees, the strong presumption is, that they were fully right.

REVIEW OF BUCHANAN'S ANTHROPOLOGY.

BY PROF. L. E. JONES.

[CONTINUED.]

Region of Humanity.—We are still on the ascendant—still rising higher and higher in the scale of Anthropology. The reader will be pleased to learn, from the caption, that we have left "Animality," and now approach the consideration of the sublime subject of "Humanity." The writer will say to his many readers, that he deeply regrets the anticipation of any part of this subject: he regrets the previous examinations of the subdivisions of the "Region of Humanity, to wit: "Hate," "Vitality," "Insanity," and "Calorific." Those discussions were premature. Since penning them, the writer has penetrated more deeply into the philosophy of Anthropology. He sees in it new beauties, new relations, new coincidences, new proofs of original greatness, and many new correlations that serve to adorn and invite, which are so many recorded monuments to the memory of our author's philosophic genius. Those articles were hastily prepared, and in the midst of the confusion and excitement incident to the formation of a new *joint stock company*, our author being one of its trustees and an active participator in the operation, and the writer, to some extent, interested in the result.

I offer these remarks as an apology for the imperfections of those reviews, and the lack of a thorough examination of the new science, which those topics should have revealed. With these preliminary remarks, the writer will now proceed to the consideration of his task.

It will be recollected, our author has discovered that those parts of man, and those parts only, between the chin and knees, belong to "Humanity;" and that those parts below the knees, as far down as the ankle joint, are "Animal;" while the top of the foot is "Vegetable," and the bottom "Mineral." The reader will also remember that the part above the chin is "Spiritual," although our author indicates, by dotted lines, that the soul inhabits not only the head, but also all that part of "Humanity" extending downward as far as the diaphragm. How this transverse muscle can, and why it does, bar that subtle, intangible, immortal, all-pervading, and incomprehensible something, and prevent it from extending downward, through the entire abdomen, does not appear.

Philosophers of the present day will doubtless be thankful for these luminous evidences of profound science, from a living oracle already some years in the next century. Although they may find his doctrines intangible and incomprehensible, occupying, as they do, a space of time fifty years in the rear of our author, (as was the case with Profs. Henry and Agassiz,) yet they will honor him for the light of science which a great philosopher and philanthropist has attempted to shadow upon them, in the satisfactory proof offered that the head and legs of man form no part of "Humanity."

The "Region of Humanity" embraces several sub-regions, and numerous neurological organs, only a part of which will be examined in detail. Others may receive a passing notice, as time and circumstances may permit. The writer will now proceed to the examination of that neurological organ, described in Anthropology, under the "Region of Humanity," and in the "Sarcognomy of the Limbs," as

"MUSCULARITY."—"The thigh, which corresponds to the arm, except in its destitution of intellectual and moral character, appears to be calculated to execute that which the faculties of the arms may suggest. The posterior surface of the arm, corresponding to Love of Power, may be said to have its physical or executive counterpart upon the thigh anteriorly, in the region of Muscularity, the lower portion of which, being more violent, corresponds to the harsher faculties, near the elbow."—*Anthropology, page* 372.

Thus reads the text. Our author has clearly demonstrated, by numerous experiments, the existence of such an organ as "*Musculariiy*," and proved its location to be on the anterior or front aspect of the thigh, extending from the line or lower boundary of the "Region of Insanity," to the *patella*, or knee-pan. It may be seen on the left thigh of one of our author's naked women. The name is appropriate—it is highly expressive of the fact. The bundle of long muscles, extending from the pelvis to the knee, and completely surrounding the *os femoris*, or thigh bone, will forcibly impress the medical profession with the originality displayed by our author in the adaptation of the name "*Muscularity*" to this region of "Humanity." Many medical men may feel deeply mortified that they should have dissected so many subjects, and yet failed to make this obvious and apparently simple discovery. Ah! my professional friends, in its simplicity consisted its obscurity, its deep philosophy. Remember, the most grand and subtle of philosophic truths, when once revealed—when separated from the crude and foggy elements under which they are often buried, or with which they are surrounded—become plain, simple problems, adapted to the comprehension of ordinary minds. This must be the case in regard to the organ of "Muscularity." Certainly no anatomist will question the correctness of our author's name. They may wonder, however, that he did not find another "Region of Muscularity" on the *buttocks*, where so great a volume of muscular fibre lies piled up. Weak and short-sighted men! do you not know that such a discovery would have been fatal to the organ of "Hate?" You cannot fathom the sagacity and deep penetration of our philosopher. You but prove your littleness, your nothingness, when you attempt to create new neurological organs, or transpose those which he has created. You will next inquire, why did he not find "Muscularity" about the calf of the leg, as well as on the front of the thigh? Here, again, you expose your weakness. Know you not that such a discovery would have destroyed the toads and lizards, birds, and beasts, (Aquatic, Aerial, Mammalian,) of that region, together with Turbulence? Who so unnatural as to suppose, that a great philosopher, after begetting offspring, could be so cruel as to destroy the existence of some that have the same claim to his paternal love and protecting care that others have, in order to make more room, especially when there is space for all? The delicate *gluteal* muscles (Hate) would revolt at such a location of the organ of "Muscularity," while the birds, and fishes, and beasts of prey, of the calf of the leg, would enter their solemn protest. It is, therefore, obvious, that, in order to preserve harmony in the family of neurological organs, such locations would never do. The vacant space on the front of the thigh is the place for its location. Some may think they see "Muscularity" about the arms and shoulders, but this, again, would be fatal to "Firmness," "Hardihood," "Coarseness," "Ambition," "Love of Power," "Combativeness," "Adhesiveness," "Hostility," &c.

The text suggests other inquiries, whose answers are not so apparent as in the preceding instances: indeed, they are obscure, and such as may baffle the comprehension of all philosophers of the present day, (the author of the text alone excepted,) unless, per chance, some bright young neurologist might, by his intuitive genius, be enabled to solve them. Their answers must be reserved for the next century, when the philosophers of that period shall have attained the maturity in philosophic science which our author has already attained. You must wait, my friends, fifty years for answers, unless our author sees fit to reveal them at an earlier day. It may not, however, be amiss to submit a few questions to young aspirants for neurological honors, for their answers. I will do so. I know you who have drunk deep from the fountain head of this science—you who have set long and patiently under the droppings of this science from the lips of the great parent teacher of Anthropology, are eager for them, and feel conscious of your own strength, that so soon as the questions are propounded, so soon they will be answered. I will test your proficiency in the science. I know you are impatient for the questions, and I will torture you no longer by keeping you in a state of anxious suspense.

Your great teacher informs you that "the lower portion of which," (Muscularity,) "being more violent, corresponds to the harsher faculties near the elbow." Now I ask the young Anthropologist to adduce the proof that the lower end of "Muscularity" is more "violent" in its faculties, actions, decisions, pursuits, &c., than its middle or upper end. Are they not identical—one and the same in function, action, and power? Does not each part act in unison, and is not each part alike antagonistic to, and co-operative in action, with every other part? I ask his proof that such is not the case. I ask him to prove that it posseses any "correspondence to the *harsher* faculties near the elbow," that does not exist in every muscle in the human body, near its origin, or insertion about the joints.

"Muscularity" embraces nothing but muscles, and does not the same relative condition, as respects bones and muscles, obtain about every joint? If you deny the proposition, show why the muscles, as they approach their place of insertion about the knee, bear a different relation to that joint, from those about any other joint, save in their greater length and power, which better adapts them to the more vigorous, more extended, and more powerful movements of that particular joint. Is it not the quintessence of nonsense to talk about the more violent, or harsher faculties of muscles about the joints? I challenge the young anthropologist for the proof. The text reads thus:

"The thigh, which corresponds to the arm, except in its destitution of intellectual and moral character, appears to be calculated to execute that which the faculties of the arms may suggest."

I ask the young neurologist to prove that the arms possess a degree of morals, or an intellectual character, not possessed by the thighs. I ask him to prove that they are endowed with higher intellect, or better morals, than the stomach, intestines, or bladder, Are not all the limbs alike the instruments of man's will, each being adapted to the performance of allotted duties which the other cannot perform? Are they not the mere instruments of his mind, and neither capable of originating thoughts, or doing deeds, independent of a controlling intellectual power? Do not the terms "intellectual and moral," presuppose a mind—a brain? Do the evidences of these manifestations of intelligence, and reasoning power, more fully display themselves in the offices and functions of the *arm*, than in those of the fore-arm, hand, thigh, leg, and foot? Do not the thighs, legs, and feet evince a higher degree of morals, in "toating" the body to church, than any act performed by the arms? And where is the evidence of intellect in the one, that is not seen in the other? Where is the evidence that the thighs "execute that which the faculties of the arms may suggest," rather than obey the mind? If the arms suggest and prompt the thighs, must they not have a brain to concoct and plan? The arms have nerves only, and no brain; and are not the thighs supplied with the same messengers of sensation and motion? If the thighs obey the arms, is there not far more proof that the fore-arms, hands, legs, feet, bowels, bladder, and even the head itself, are alike in subjection to the arms? To those not versed in the beauties and philosophy of Anthropology, such doctrines may seem like the quintessence of nonsense, steeped down to an extract. To talk of the intellectual or moral faculties of either arms or thighs, and appreciate the sentiment, one must attend at least four courses of lectures, under the parent and pioneer teacher of this new philosophy.

But the text is not yet exhausted; more inquiries are suggested. The reader will perceive by looking upon one of our author's naked women, that the organ of "Insanity," crosses the thigh below the origin of several muscles, so that the continuous skin, muscles, blood-vessels, and and nerves are severed, cut in twain by our author, in order to make neurological organs. The reader will remember it would be fatal to his doctrine, to prevent "Muscularity" to extend on to the territory of "Insanity," and alike fatal, to an exact science, (as our author affirms this to be,) should "Insanity" encroach upon the domain of Muscularity; for, remember, two distinct, *real* organs, cannot occupy the same space at the same time. An inadvertence, or mistake, would overthrow the whole system of sarcognomy.

Now the question for the young Neurologist to answer is, how did the learned author know the exact line of division? If the author's doctrine be true; if there be absolutely such organs, the line admits of no variation. A hairbreadth even, will be fatal to the whole system. You cannot intermix or commingle "Muscularity" with "Insanity." The exact point of separation is demanded, and can you give it? You are not permitted to guess at the line; you must not divide these muscles, nerves, and vessels, at random, at an indefinite point, for if you do, you prove either your ignorance of Neurology, or that the whole system is a mere humbug. A specific answer is asked, and are you prepared to give it? Still other questions arise. How does our author know where to divide the continuous chain of muscle, tendon, nerve, and vessel, in order to create and locate these new organs, and establish their exact boundaries? Does each form distinct parts of an indefinite number of new organs? Can our author locate a new organ on each end of a muscle, and another in the middle? Does the existence of several neurological organs, totally different in character, (as Muscularity and Insanity,) when located along the same nerve, alter, or change in any respect, the force and essence of the nervous influence, which passes along these electrical cords, through these adverse and opposing Anthropological organs? How dare he sever nerves, blood-vessels, and muscles, to frame a new system of philosophy? He appears to fear no danger from the division. When the nervous current is impelled along the nerves to the extremities, like the current of blood through the vessels, is it arrested in its course, by locating neurological organs transversely? Is the current modified by passing through distinct organs, as "Insanity," "Muscularity," "Hate," "Vitality," "Adhesiveness," "Amativeness," &c.? If not totally changed in character, at the *exact* point where it crosses the line, and passes out of one neurological organ into the next, is it not proof positive that these organs do not really exist, but are wholly creatures of the imagination?

Again, how does the young and inexperienced Anthropologist know where the *gentler* qualities of "Muscularity" cease, and where the more *violent* and "*harsher faculties*" commence? How do you prove that "the posterior surface of the arm," has its "counterpart upon the thigh anteriorly?" I now ask for the length, breadth, depth, and uses, of "Muscularity." How wide is the strip of skin, and what muscle or muscles form it? Does it include parts of different muscles? If so, what muscles? Will you give the exact number of fibers which each contributes to form "Muscularity?" If you know nothing definite about it, then you do not know whether it is a science or not. A vague, indefinite, and undefinable grouping of the entire front of the thigh (more or less), to form "Muscularity," would prove anthropology neither exact nor reliable. The declaration of the author that "Muscularity" is found on the front of the thigh, will not be disputed, for the Sartorius muscle has long since been discovered in that locality; but does that prove "Buchanan's system of Anthropology," to be true? Does it prove it to be a science, or to have any claim to the appellation of science? If not exact and demonstrable; if nothing more than a wild and fanciful speculation, then is it the merest humbug of the day, instead of a science "fifty years in advance of the age."

Our author can doubtless answer these queries, and demonstrate by marks and lines, on *muslin*, on the surface of naked women, or by lithographing, as he has done a thousand times before, the beauty and truth of his cherished *science*; but can the young and unpracticed scion of this great seer in Anthropology, do so likewise?

MEDICAL EDUCATION OF LADIES.

BY PROF. G. W. L. BICKLEY.

In a previous number of this Journal, I published an article on "Female Medical Education," which, as was expected, called forth quite an array of delicate billetdoux, couched in no very amiable words, and, indeed, often assuming quite an Amazonian attitude of belligerancy. The amusement which I have thus had furnished me gratuitously, has not, however, changed my views, or softened my hostility to the indiscriminate composition of medical classes, in the least particular. In penning that article, the writer expressed his honest convictions of propriety, and he believes that ninety-nine one-hundredths of the entire profession will agree to the justness of the stand which we took. A repetition of the sentiments there contained is by no means necessary, for, to one who has seen what I have, and whose experience has been so extensive, there is a superabundance of material for quite a lengthy treatise.

I am not disposed to treat this subject lightly, for it is one of great importance to society, and to the medical profession. Society is deeply interested in maintaining the purity of female education—in directing it in the proper channels, and preventing all such abuses as lower the dignity and delicacy of the female sex; while the medical profession is compelled to deeply ponder all questions in which an attempt is made to tamper with human life.

Admitting the ability of females to master the science (which I very much question), we might naturally inquire if the ends of science, or the aims of benevolence, are to be more easily attained when the engineer of the car of science is a female, than when of the masculine gender. Can it be shown that her nerves are less sensitive to the woes of diseased human nature, than those of men? Will some partizan of female doctorship tell us, when the hand of the hardened surgeon falters in performing an operation, that the still more delicate hand of the feminine surgeon will be more steady? Does it bespeak native modesty when she bares the masculine body, and examines the state of its investing coat? Does it add to her grace to bandy jokes over the dead body stretched on the demonstrator's table? Is she in her sphere in the general practice of the healing art? As well might one attempt to make me believe the moon made of green cheese, or that fishes swim on dry land, or that rivers naturally flow to their sources, as to endeavor to make me believe that the practice of medicine is within the sphere of woman's capacity. If it was admitted that the profession is one proper for her sex, still I should deny her mental capacity to grasp within the folds of reason, the severer and more ponderous truths of medical science. It is contrary to the very nature of things; it is incompatible with the essential character of her mentality, to attribute to her a capacity which presupposes great logical exactness in the various processes of thought.

Woman's mind is intuitive; she jumps at conclusions, and executes her movements almost as an automatic machine; and while this may serve the ends of her affections, it does not follow that she or we have the right to practice such experiments on the delicate principle of life. Her impulses may answer in the nursery, the kitchen and the parlor; but that they are ill suited to the chamber of the invalid, must be apparent to every right thinking man.

The intrinsic merit of an act depends very much upon the motive which has originated that act, and hence, in the estimate of this question, we are compelled to go back to the quiet homestead, and ask, what impulse turned the face of Miss Sangrado toward a medical college? If well analyzed, the inquiry would be one of intense interest, as it would lead us into the mysteries of a calculation not very unlike that made by the girl with the pitcher of milk. *E. g.*, questions and problems of this nature would arise: How many students will there be? how many of them will be married? how many will prove gallant and liberal? how many will there be who are wife-hunters? Could we fancy the vivid pictures of Miss Sangrado, who contemplates a partnership establishment with Dr. Blister, and how Mrs. Dr. Blister will suit as a substitute for Miss Sangrado, &c.

It will not do to say that *ladies* who attend medical colleges, have turned fair twenty-nine, and hence I make no such calculations. The figures on our books show a different state of things—the average of the first fifteen whom we had being only 22½, some of whom were still in their "teens." Rarely do we find a steady matron numbered among female medical students, though we have had such, and excellent women they were, for whom, as ladies, we shall ever advocate their claims. No more honorable illustration of such is to be found than in the person of our *last* female graduate. If all were ladies of her experience, of her standing, of her aims, and of her dignity, we might well *advocate* the cause of female medical education. She does not stand alone; we have had a few others: and of such we have not a word to say. But when we know that ladies (?) have gone to medical colleges, not to acquire information, but money and notoriety, we may well be allowed to caution the good and deserving from associating with the majority of those who frequent the halls of a male medical college.

It is hard to conceive of any other inference than ours, when young girls, still under twenty years of age, crowd themselves into the midst of a large number of young men, who, while they may comply with the conditions of the speculation, yet hold in utter contempt every one so obtuse in a point of native modesty. Their presence embarrasses the student, and closes the mouth of the lecturer on some of the most important departments of a medical education. And those same ladies demand, as a right, to hear *all* the lectures, and to see *all* the operations, still no man desires to so debase himself as to utter words incompatible with modesty.

Students of discrimination and judgment soon learn the character of *some* of the female attendants, and judging people by the company in which they are found, they form wrong estimates of those who are strictly upright and prudent. We all know the effects of association, and hence, men who reason correctly, so strenuously object to have their wives attend male medical colleges. We invited females to attend the E. M. Institute, when there were no other provisions for them; but our experience soon convinced us of the falsity of the step taken, and hence the closing of our doors against them. No matter how pure a portion might be, there would be an occasional "black sheep," and the honorable and the high minded were compelled to associate with them. In all male classes there are many dignified men of families, and of the highest and strictest morality, and even an occasional minister of the gospel appears as a student in medical halls. Such men have soon become disgusted, and either quit the class, and sought an education elsewhere, or they have seriously complained of the conduct of some of the female students.

It will be readily perceived that students lose the respect for females in a medical college, which is usually extended to the sex; yet, because they are women, they have to yield the front seats to them, and shiver in a distant corner of the room, while a dozen or more *ladies* crowd around the stove, and to undergo a thousand other little inconveniences.

But as disagreeable as the presence of such persons is in the general lecture halls, the matter assumes a yet more terrible form when they appear in the dissecting rooms, or in the surgical wards. Young and sensitive gentlemen, whose sense of female delicacy is acute, are totally astounded when they are requested to demonstrate the organs of generation for one of the fair ones. They become soured against the whole race, and imagine that if one woman can be so bold, so can all others. During the present session we have had no female students, and certainly we never had more good feeling between class and Faculty, and less embarrassment in the labors of all concerned. Not a complaint of discontent has reached us from any quarter.

I trust that it will not be supposed for a moment that I object to the education of females, for I certainly do not; but I do most earnestly contend that obstetrics and its collateral subjects ought alone to claim the attention of a lady; and that, in female medical colleges, they should receive their instruction. Medicine is beyond their sphere of action; its laws, principles, and intricacies, are beyond their powers of mind. Nursing is their field, if they have any in the domain of medicine.

And to those of the fair sex who have tilled lands with the writer for the article in the March number, I beg to say, "keep up the fire," it will arouse your secretions, lift the veil from your eyes, and convince you that you stand on dubious ground.

Cincinnati, March, 1857.

THE SYPHILITIC TAINT.

BY PROF. R. S. NEWTON.

Except those engaged in a large city practice, very few have any conception of the extent to which we have been poisoned by syphilis. Syphilis, rum, and tobacco, are literally destroying us; yet harlotry, inebriation, and nicotinization, find warm advocates even in the medical profession. Rum, in its myriad forms, is undermining the intellect of our people, and brutalizing our civilization; it is sapping our piety, debasing our morality, and endangering our national existence. Tobacco is stupefying our brains, discoloring our skins, poisoning our blood, vitiating our digestion, weakening all the external senses, and rendering us disgusting in our habits. But syphilis, with its thousand ills, is burning itself into our vitals; it is sapping the sources of life, destroying our beauty, our vigor, our manhood; far and wide, it is sowing broadcast the fangs of death; it is mingling with our blood and complicating our diseases.

Were this taint confined to a generation, we might be excused; but this transgression, or that which causes the contraction of syphilis, is truly visited upon the children, "unto the third and fourth generation" of those who disobey. So generally has the poison been sown, that were it erased from mankind, more than half our diseases would at once disappear. The disease is generated in filth, and it ends in the most loathsome of conditions. The sights which I have seen of ulcers, &c., resulting from this poison, might well awaken the deepest solicitude, and secure to this subject the greatest attention.

But, as terrible as is the disease, the former practice for it added to its terrors. While the syphilitic poison was incapable of producing caries of the bones, mercury, with its numerous abuses and irritating properties, joined with the poison of pox, has been seen to melt away the bones of the face, and even of the skull. The skin is covered with scales; the hair falls off; the voice is lost or changed; the sight impaired; the joints anchylosed and filled with rheumatic pains; the muscles shrunk, and the whole man passes down rapidly to the grave!—not, however, until he has left the poison deposited in the embryo type of himself—not until the mother of his children has been diseased, and made to mourn the death of her children filled with sores and a variety of diseases, which she believes to depend upon some scrofulous taint, over which she has had no control.

Surely some steps should be taken to stop this horrible ill. Young men should be taught the consequences of not guarding against the disease, and how to avoid it; for a little precaution and knowledge are all that is required. If some specific could be found for its total destruction, we might be less careful, but since we have to depend on a long course of alteratives to free the system of it, and since so few are willing to undergo this tedious plan, the most we can do is to recommend the means of prevention—perfect cleanliness.

Cincinnati, March, 1857.

CLINICAL REPORTS.

NEWTON'S CLINICAL INSTITUTE,
WINTER SESSION OF 1856–7.

SERVICES OF PROFS. NEWTON & FREEMAN.

REPORTED BY PROF. Z. FREEMAN.

CASE 442. Oct. 24.—Mrs. Allen, æt. 40. Ovarian dropsy (unilocular cyst). Bilious encephalic temperament. About seventeen years ago, she received an injury from a kick in the right iliac region; one year afterward, she observed an enlargement at this point, which continued to increase slowly up to two years ago: it extended slowly from the right side toward the left, and over the whole abdomen. It has not increased during the last two years. Upon examination, found the cyst to contain serum. Percussion dull over the abdomen, and the right side particularly; clearer sound over the back and left side. The cyst and its contents seem to fill nearly the whole abdomen, pressing the viscera (intestines) upward and backward. Has some pain at times, but experiences more inconvenience from its weight than from any other cause. General health feeble, bowels regular. Her countenance has an extremely anxious look, and she expresses great anxiety about the result of the treatment. Has taken much medicine from many physicians, but to no advantage, and she thinks great injury.

Treatment.—Operation of paracentisis abdominis, in the linea alba, by Prof. Z. Freeman. About three gallons of water were drawn from the cyst at the time. A tight bandage was tied round the abdomen during the extraction, and all the water expelled. Tapped in the erect sitting posture. Injected into the abdomen, through the canula, immediately after the water was extracted, ℞ Tinc. iodine, gtt. x, water ℥ij. M. This caused some pain at the time, and I think was the cause of so much pain and inflammatory symptoms afterward. I then placed a large folded towel over the abdomen for a compress, and applied the bandage firmly over this; placed the patient in bed, and applied moisture and heat to the feet, giving ℞ Diaphoretic powder, gr. iij, internally, every three hours, as an anodyne. (I have drawn, upon tapping, all of the serum from the abdomen of a large number of ascites patients, and, so far, have seen no alarming results—I presume from the fact that I have always kept the abdomen well supported by a bandage drawn tightly by two assistants.)

Oct. 31.—Has had considerable pain during the last few days, which has now subsided by the use of ℞ Morphine gr. ⅛, gelsemin gr. ss, repeated every four hours. The serum seemed to accumulate, but has passed away by using ℞ Comp. powder of senna ʒj, every four hours, until catharsis was induced. Also used a pill, ℞ Eupurpurin gr. iij, prus. iron gr. j. M. Take one three times a day. The eupurpurin is an excellent diuretic in such cases. By firm compression, active purgation, and full urination, I hope to prevent the re-accumulation of serum in the ovarian cyst.

Dec. 2.—Abdomen flabby; no accumulation of serum, and probably will not be. She says her health is better than it has been for twenty years. She is an English woman, and has been in America but two years. She tried a number of English physicians, but received no benefit from any of them. She is now of her natural size, and in excellent health and spirits. Keep the bowels free with the compound powder of senna.

Case 443.—Oct. 24.—Wm. Cox. Chronic arthritis (incipient white swelling). Three months ago, a buggy wheel ran over his right leg and knee; after the wound had healed, the knee was left bent and somewhat tender upon pressure. The wound was upon the external side of the knee, and superficial; it soon healed. He did not feel any tenderness in the joint, nor was he lame, until one month after the injury. About this time, he went into the hospital of the Sisters of Charity, and was treated there some weeks. He limps now, but does not complain of much pain. He is of a scrofulous diathesis and feeble circulation, subject to chronic diseases more than acute. General health feeble, though there are no other marked symptoms. Has a very active brain, and is rather precocious in intellectuality. The knee is somewhat swollen at the patella border of the external condyle, which, if allowed to progress, would soon involve the joint, inducing an effusion of serum and lymph in the tissues around it, and also in the joint.

Treatment.—℞ Irritating plaster, three inches square, over the external border of the joint. Internally, ℞ Iod. potass. ʒss, alterative syrup ℥iv. M. Take ʒj three times a day. He will tolerate the iod. potass. for a short time. I will watch its effect upon him.

Nov. 4.—Not so lame; general health improving; knee not so much bent. Continue the treatment, omitting the irritating plaster.

Nov. 11.—No pain or lameness in the knee; but pain and lameness in the hip joint; pressure over the hip joint and swinging the thigh cause pain in the joint (in the ligaments). The disposition to arthritis seems to continue.

Treatment.—Apply the irritating plaster over the seat of pain in the hip joint. Internally, ℞ Ferri phos. ʒss, hydrastin ʒj, syrup simplex ℥iv. M. Take ʒj three times a day.

Dec. 2.—Has no pain either in the hip or knee. There is quite a sore over the hip joint, caused by the irritating plaster. Use upon this, Basilican ointment. Continue the tonic internally.

Dec. 13.—Has no pain, knee is straight, does not limp, and is improved in general health and appearance. I think that the most of such cases of disease of the joints can be as readily relieved, if taken in proper time, in the early stages of the disease.

Discharged.

Case 444. Oct. 28.—Thos. Crane, æt. 35. Herpetic ulcer.

This ulcer is located on the elbow, and has been nearly healed two or three times, but, being a common laborer, he has commenced too early using the arm at his work, and the skin being tender and readily inflamed and ruptured, has become again ulcerated. He was at the clinic last session, and I supposed, from his staying away so long, that the ulcer had healed. This is a peculiar ulcer—it is composed of a number of small irritable excavating ulcers, surrounded by inflamed intigument; the whole of the parts are morbidly sensitive; the ulcers communicate with each other through the cellular tissues under the skin; a probe passed along these excavations produces extreme pain. I think if the arm could be kept constantly extended, there would be nothing to prevent their healing, but the motion of the arm prevents this. The integument of the part is tense and sensitive, somewhat resembling the cicatrix of an extensive burn. The ulcerated patches cover a spot of about three inches square.

Treatment.—Has been applying the adhesive straps to approximate the sides; you thus strengthen the parts, and convert an oval ulcer into an elliptical one, which favors the healing process. The straps have ceased to benefit it, and we change the treatment. The herpetic condition requires medicine to neutralize, instead of the simple treatment of compression. ℞ Mild zinc ointment ℥ij, flower sulphur ʒij. M. Apply to the ulcer night and morning. Do not use water about the ulcer.

Oct. 31.—Improving. Continue the treatment.

Nov. 7.—Ulcer improving and swelling reduced; ulcer granulating from the bottom. Continue the treatment.

Dec. 20.—No report.

Case 445. Oct. 28.—Thos. Kelly, æt. 4. Incipient asthma. Has been affected about two months with a hacking cough, accompanied by a wheezing and stifled sound—more severe at night, so as to interfere with his sleeping. During the day he plays around the house, and seems but slightly affected, but is much worse at night. Expectoration frothy and white; appetite good; has no pain; auscultation denotes some bronchial rale on the right side, in the upper part of the lungs, at the division of the bronchia, and at the bifurcation of the trachea. The hoarse and whistling sound is quite loud; can lie down without difficulty. General health otherwise good.

Treatment.—℞ Tinc. lobelia ℥ss, tinc. gelseminum ʒj, tinc. hyosciamus ʒj, syrup senega ℥ij. M. Take ʒj four times a day. Apply the irritating plaster three inches square over the region of the cartilages of the left third and fourth ribs. Apply spts. terebinth over the dorsal spines morning and evening. I have, during the last year, applied the spirits terebinth over the chest and back in asthma and pulmonary congestions, with excellent effect.

Oct. 31.—Patient is much better; coughs less and with more ease; expectorates more freely; the wheezing sound has disappeared. Continue the treatment, and use the warm pediluvia morning and evening.

Nov. 11.—Cough has disappeared; expectorates freely; his wheezing seems well, or very near it. Continue the medicine for a few days. Discharged.

CASE 446. Oct. 28.—Julia Kelly. Herpes labialis. Has been affected about four weeks. Had a similar affection about two years since. Thinks it was caused by cold and exposure, while her secretions and blood were unhealthy. There is a scaly eruption around the mouth, and her lips are much inflamed and stiffened. Any thing of an irritating character applied aggravates the disease. Health otherwise apparently good.

Treatment.—℞ Oxalic acid ʒss, creasote ℥ss, water ℥ij. M. Apply night and morning. This is to neutralize the herpetic disease. I find it very difficult to cure herpes without first using some caustic wash to destroy its vegetative nature. (F.)

Oct. 31.—The lips have improved much, are less inflamed and not so sensitive. Omit the oxalic acid solution, and apply the mild zinc ointment night and morning, previously washing the parts with castile soap water. ℞ Iod. potass. ʒss, syrup lemon ℥iv. M. Take ʒj three times a day. Avoid animal diet.

Nov. 4.—Is nearly well. Continue the treatment.

Nov. 15.—Discharged cured.

CASE 447. Oct. 28.—H. H. Mercurio-syphilitic disease, necrosis and herpes. Sanguine lymphatic temperament. Has been affected about six years. Thinks that syphilis may have been the primary cause of the disease, yet he says that he has never had a chancre or any pustule about the penis, excepting it was a slight abrasion of the prepuce, which disappeared spontaneously in a few days. The disease commenced by eruptions in the roof of the mouth, but these were cured. The throat or mouth has not been sore since. Has had much headache for a number of years. Took mercury, as a medicine, constantly for four years previous to this condition developing itself. Has had inflammation of the frontal and nasal bones for some time past. Has been using the Grove battery, which has extracted some mercury from him; where the bottom of his feet rested upon the copper plate of the negative pole, the spot has a mercurial polish. Has not so many aches and pains in all his bones and joints as formerly.

There is a fistulous opening in the middle of his forehead, leading down upon the os frontis, and another one over the middle of the left superciliary ridge, leading also to the bone; they communicate with each other. About half of the os frontis is loose, and can be moved. There is also a large fistulous opening over the bridge of the nose, leading to the nasal bones, which are also loose. All of these openings discharge thick, yellow, fetid pus, which is very offensive. The air passes through the nasal fistula. There is a large patch of eruptions about four inches square upon the left cheek, and one of about the same size upon the elbow, which resembles *lupus non exedens*, but I think it is syphilytic herpes. These sores are red, somewhat inflamed and sensitive, and extend fast along the skin, without going deep; their secretion is sere-purulent. A small piece of bone came from the roof of his mouth, about one year ago; since then, he has had pains in the nose resembling rheumatism.

Treatment.—℞ Creasote gtt. ij, in a wine glassful of water, three times a day. ℞ Creasote ʒss, water ℥viij. M. Wash the sores once a day. ℞ Mayer's ointment ℥j, flower sulphur ʒj. M. Apply morning and evening.

Nov. 7.—Sores upon the face and arm better; continue the ointment to them. Continue the creasote internally, but omit the creasote wash externally. He voids his urine about ten times during the night. His bowels are very irritable, and disposed to dysentery.

Treatment for the irritable bladder and bowels: ℞ Buchu leaves ℥j, althea officinalis ℥j. M. Make four parts; add each to a pint of water for infusion, and drink the amount in twenty-four hours.

Nov. 14.—Bladder and intestines much better; does not pass urine so often. Sores on the arm and face better; openings leading to the diseased bones about as before; the sequestra are becoming looser. Continue the treatment.

Nov. 21.—Sores upon the face and arm slightly improved. Sequestra of the forehead and nose loose; their fistulæ still discharge exceedingly fetid and thick pus. Continue the treatment to the eruptions of the face and elbow. Prof. Freeman made a crucial incision upon the forehead, over the dead bone, and took out a sequestrum of the external plate of the os frontis, four inches in its vertical diameter, and five inches in its transverse. The piece had an irregular and ragged edge. A piece of the *internal* table of the skull, about two inches square, came away with it, which left a corresponding surface of the dura mater exposed. The brain could readily be seen pulsating through the opening. I extracted both nasal bones. The left superciliary and supra-orbital ridges came away with the large sequestrum. There was but a slight hemorrhage from the blood-vessels of the scalp; no cerebral disturbance. I did not administer chloroform in this case. A quantity of thick pus was released with the sequestrum. I then took appropriate sutures to close the wound, and applied adhesive straps, to assist the sutures in retaining the parts in apposition, and dressed it with the cold water dressing.

Nov. 25.—The wounds in the forehead and nose discharging a small quantity of pus, healing and closing finely. Renew the strapping, and continue the moist dressing. Continue the treatment to the eruptions upon the face and elbow.

Dec. 20.—Have continued the moist dressing and strapping to the nose and forehead; parts nearly healed; no discharge of superfluous pus. Herpetic sores upon the face and elbow extending, more inflamed and painful.

Treatment.—℞ Iod. potass. ʒj, water ℥j. M. Take ʒj three times a day. Avoid animal food. Apply to the face, ℞ Tinc. ferri mur. ʒss, water ℥ss, M, with a camel's hair pencil, once a day. Use a poultice of ℞ Ulmus fulva ℥j, pulv. hyd. canad. ʒij, pulv. glyceriza glab. ℥ss, M, night and morning.

Jan. 12.—Improved for about two weeks under the above treatment, but is now much worse. Nose and forehead healing kindly. Continue the strapping. Confined to his bed, very weak and debilitated; the herpetic sores upon his face have extended into his eyes—sores very fetid. Has regular ague chills every day.

Treatment for chills, and to correct his enfeebled and depraved condition: Omit the internal remedies, and use purely corn meal diet. Let him use corn meal bread, mush, gruel, and also corn meal in the water he drinks. Use no other diet for one week. Use comp. lead ointment (Beach's black salve) to the herpetic sores.

Feb. 4.—Has had no chills since; is much better in every way; herpetic sores very much better; no discharge from the wound in the forehead and nose. Continue the treatment.

March 2.—Herpetic sores nearly healed; sores in the forehead and nose closed as much as possible; general health much improved; think he will soon be able to attend to his business. Thus a pitiable and loathsome object has been converted into a tolerable or nearly healthy person. Continue the treatment. His blood and whole body seemed so completely charged with syphilis, mercury, and the secretion absorbed from those running sores, that it seemed almost impossible to get him sufficiently cleansed, that the sores might heal. I think that he was the most filthy object that I have seen for a long time. (F.)

He has a large head, short neck, and broad chest. Had two spells of spasms, resembling apoplexy, commencing by pain in the region of the stomach, and slight spasms in the muscles of the neck. These were corrected and entirely dissipated by the use of ℞. Tinc. lobelia ʒij, tinc. gelseminum, gtts. x. M. Repeat every fifteen minutes, until improvement commenced. Also used the warm pediluvia. The tinc. of lobelia, by its relaxing property, seems to overcome the spasmodic action of the stomach, and of the cervical muscles, thus preventing pressure upon the jugular veins. Apoplexy is not an extra quantity of blood thrown into the head, but from pressure upon the jugular veins, the blood is prevented from returning readily, and then the arteries overflow the brain, and sometimes burst the smaller and weaker blood-vessels. Dr. S. Bronson cured himself of frequent slight attacks of apoplexy, by taking, when he felt the symptoms of the disease, ʒss. of the tinc. lobelia at once dose.

PLEASANT CURE FOR INCIPIENT CONSUMPTION.

BY PROF. G. W. L. BICKLEY.

If consumption is curable, it is in its incipiency, and then only by free exercise of the lungs. There can be no doubt that an imperfectly areated state of the blood, is very favorable to the development of tubercle, and *vice versa*. The air breathed by the consumptive ought to be as pure as possible. People, and especially consumptive people, seem to have a peculiar antipathy to breathing fully and freely the pure air of the forest, the glen, and the lake. Females compress the lungs with lacings and stays, while men close the windows, and heat their chambers to fever heat. The system is thus relaxed, and if there be the seeds of disease within it, they soon develop themselves. The irregularities of dress and habits, of diet and exercise, are sweeping our people off yearly and daily into the consumptive's grave; yet, we do not exert ourselves to arrest this waste of life. Consumptives are appreciative of music, but seldom sing or perform on wind instruments. I have given this subject much attention, and as far as my observation has extended, I do not now recollect a single instance where a performer on the clarionet has died from consumption. But, on the other hand, they have always possessed very powerful lungs; and where I have made inquiries, they have invariable told me that their chests had been developed by the use of the clarionet. In consideration of these facts, ought we not to advise all such as have narrow and flat chests, to take lessons on the clarionet? I would sooner see a daughter of mine blowing a clarionet, and breathing the melodies of the soul, than to see her gasping to inflate a pair of rotten lungs. This exercise would delight the mind, improve the health, oxygenate the blood, and assist all the nutritive processes. The nerves would play in harmony with a well-balanced system; the secretions and excretions would be normally conducted, and a harmonious equilibrium would be established in the economy, totally incompatible with consumption. Admitting, for the sake of argument, that an abundant supply of pure fresh air is all moonshine, I respectfully ask, can it do any harm? Fresh air, pure water, nutritious food, and rational exercise, are Hygiea's handmaids.

Cincinnati, *March*, 1857.

INHALATION OF THE VAPOR OF SAL AMMONIAC.—Dr. Gieseler, (*Henle and Pleufer's Zeitsch*,) after inhaling the vapor to satisfy himself of its little irritating quality, administered it in several cases of chronic catarrh. The salt may be volatilized in a small Hessian crucible, heated by a spirit lamp. The patient sitting before it, inhales the fumes, and the air of the apartment becomes also impregnated. Dr. Gieseler has found these inhalations, employed two or three times a day, cure obstinate catarrhs in a few days, and has on no occasion found them useless. He recommends the vapor also in syndesmitis and strumous ophthalmia.

CRANIAL AND CEREBRAL DEFORMITIES.

BY PROF. W. BYRD POWELL.

This is a subject of peculiar interest, though not, perhaps, of great importance; but who can judge of the ultimate value of a truth discovered in this day? and we are of the opinion, that there can be no truth which has not an intrinsic value, and the more nearly a truth concerns our race, the greater is its value to us. Our present subject involves human physiology, therefore, no intelligent human being can feel indifferent about it.

Dr. Spurzheim at one time, and possibly to the close of his life, doubted the possibility of a deformity, artificially impressed upon the head of an infant, continuing to adult life; and we believe that this was also the opinion of W. Lawrence, F.R.S.; but, however this may be, we now doubt whether any intelligent man of this day entertains a doubt as to such a possibility. Too many facts of an affirmative character have come to light in the past thirty years, to leave any one room to doubt. We have for thirty years known the fact to be in the affirmative, and for twenty years we have known that an artificial deformity of the head may become congenital; but we believe that scarcely a suspicion of the kind has become to be entertained, even by the well informed. It is on this account that we deem the question to be one of peculiar interest.

Some fifteen or twenty years since, we were in a portion of the State of Mississippi that had recently been occupied by the Choctaw Indians, when Prof. Buchanan called upon us, and stated that he had made a great discovery. We requested him to reveal it to us. He answered, "I will," and proceeded thus: "I have discovered that Gall and Spurzheim, in their phrenological conclusions, are fundamentally wrong. I have been amongst the Choctaw Indians, and I do not find such a correspondence between the form of their heads and their mental manifestations, as they have taught me to expect." We replied, "If you can sustain your position, you have certainly made a great discovery. I have also been amongst the Choctaws, and I also observed the difficulty you have named; nevertheless, the observations I have hitherto made have thoroughly convinced me that Gall and Spurzheim have laid the foundation of their doctrines so deeply and firmly, that it can never be shaken or seriously questioned, and it will so continue as long as nature has an observer. As to the Choctaws, I suspect the form of their heads to be a deformity." "What is it?" he inquired. We answered, "I do not know, sir, but I am now investigating the matter, and I am so strongly persuaded that such is the case, that I believe I will succeed in proving it to be so." We remembered to have seen it stated, but by whom we have forgotten, that when this south-western country was first visited by white men, the Choctaws were called Flat-heads. The remembrance of this bit of history, at the time we made the observation which so strongly arrested the attention of Prof. Buchanan, may have suggested to us the suspicion, that the form of the Choctaw head was not normal. In our investigation of the question, we could find no Choctaw who was old enough to give us any information about it, or any tradition of it.

While prosecuting this inquiry we made the acquaintance of a Rev. Mr. Cushman, who was, we believe, an octogenarian, and had been a missionary amongst the Choctaws ever since his early manhood. This gentleman informed us that the Choctaws had not deformed the heads of their infants since his acquaintance with them began, but he added, that he had had the acquaintance of an old Choctaw chief, who died a few years since, at the supposed age of ninety or a hundred years. "He became a member of our church before he died, and in my intercourse with him, he told me that his head had been flattened, and took my hand and placed it upon his head, that I might be convinced of the fact; and he gave me a history of the events that brought it about. He stated about thus: 'There once lived in this part of the country (eastern Mississippi) a tribe of Indians, who were called the Shockshumas. They were a mischievous and predatory people; they proved to the Choctaws to be very troublesome neighbors, and when the Choctaws could bear with them no longer, they resolved to exterminate them. The Shockshumas were in the habit of flattening the heads of their children when very young. The Choctaws destroyed all the men, and made wives of their women. These women flattened the heads of their Choctaw children, as they formerly had done those of their Shockshuma children, and the Choctaws thinking that it improved the face, adopted the practice, and it became very general in the nation. My mother was a Shockshuma.'"

We desired to know of Mr. Cushman where the old Choctaw chief was buried. He answered, "O! you can't get his head: he was one of the best of my people, and his children and grandchildren are living all around the graveyard." Nevertheless, we got his head that night, but we had to ride ten miles, and dig up a hickory tree five inches in diameter, before we got it. Mr. Cushman furthermore informed us that the old chief had pointed out to him the grave of the last of the Shockshuma chiefs. Mr. Cushman did not care any thing about him, and therefore showed us his grave; a well grown peach tree was standing upon it. We obtained his skull; it was much decayed, but sufficiently preserved to expose its deformity.

We succeeded in obtaining the skull of one Choctaw which was not deformed; its form is much superior, in every human aspect, to any other skull we have seen of the Algonquin tribes, and we have always regarded the Choctaws as the best, and most amiable and law abiding Indians we have.

The deformity, as practised by the Shockshuma women, consisted in forcing the skull and brain from the coronal suture backwardly, in a downward and forward direction. The consequence was, some more breadth of head about the ears, and more elevation and fullness anterior to the suture above named, and also more elevation of the forehead. If one of my inexperienced students of the human temperaments should happen amongst the Choctaws, he would soon find himself disposed to conclude that all of them were of the bilious encephalic constitution: the deformity has certainly improved the intellectuality of their appearance. The congenital deformity is, in many instances, equal to the artificial, as presented in the case of the old Choctaw chief and the Shockshuma chief, before spoken of. The practice of this deformity became very general in the Choctaw nation, and so far as we could discover, the transmission of it embraces the whole people. The crania we have for the illustration and demonstration of this subject are in the South, and therefore we cannot furnish drawings of them at this time.

We read a historical notice some time since, but by whom we have forgotten, of a deformity practiced by a Scythian tribe, who inhabited the country of the Crimea, and which eventually became known as the Macrocephali. We suppose that it is this same people to whom Hippocrates alludes, when speaking of the Macrocephali. His remarks are the following: "The Macrocephali—no other people have such elongated heads. It is an ancient custom that gave rise to this, and nature concurred in the practice. A very long head is esteemed a mark of distinction. This opinion led them to compress their children's heads with their hands, as soon as they were born, and whilst the bones were flexible; aiding this elongation by means of bandages and other measures adapted to destroy the spheroidal form. Such practice was at first the only measures pursued to produce this form, and time has insensibly rendered it natural; so that it is no longer requisite to use violence." Hippocrates does not, in so many words, inform us that this practice became congenital, but no other conclusion can be drawn from his remarks about it. This becomes still more conclusive from his explanation of it, viz.: "In the act of generation, portions of the seed comes from every member of the body: the humid members transmit moisture; those with disease send particles that are equally so; hence bald fathers usually propagate bald children; those with blue eyes get children with eyes of a similar color; the lame beget lame children. Why, then, should not those who have long heads beget Macrocephali?"—*Coxe's Epit. of Hippo. and Galen, p.* 190.

Although the preceding explanation is crude and unsatisfactory, it is, perhaps, as good as the present age could furnish. It amounts to nothing more nor less than that the fact did take place. All that concerns us at present is the fact, and we are glad to have the support of so veritable a witness as Hippocrates. The fact we have presented, as it has little, if any, analogical support, should not be hastily adopted, and for the want of such support, it will be difficult for any class of our readers to admit even the probability that an artificial deformity of the head can become entailed upon progeny. All persons are prepared to admit the transmissibility of every peculiarity which characterizes a species. But observation does not enable us to admit readily the transmissibility of pathological or artificial deformities or peculiarities. Yet, as unprepared as the popular mind is to admit the congenital existence of an artificial deformity of the skull and brain, we think that we have shown that it has, nevertheless, happened in two instances, and very extensively too.

If it be admitted that cerebral deformities do become congenital, we can conceive of no reason why the little feet of the Chinese women, and the little waists of the fashionable portion of our Anglo-American ladies, should not also become adopted by nature. We have seen Germans, Tyrolese and Poles, with heads more flattened, posteriorly, than any we have seen amongst the Osage Indians; we account for it by supposing the mothers to have cradled them too constantly on their backs when infants. In our society it is but rarely that we find both sides of a head to have the same size and form; this difference we think results from mothers nursing their infants more upon one side than the other, or else cradling them more frequently upon one side than the other. We do not know that this does any injury, and we feel quite sure that it does no good. If it do no good, the presumption is that it does injury, although we may not be able to appreciate it. Upon the whole, then, we think that it would be as well to avoid it.

But there is a deformity which we fear will always be found sprinkled pretty thickly through society; it is that which results from social and moral depravity—degradation. Of all known kinds of cerebral deformity, this is the worst, because it is both homely and mischievous. And we are sure that no system of punishment will ever be discovered that will remedy it. In the way of punishment, we think human genius is nearly exhausted; and that, too, without any adequate achievement, for the suffering that punishment has occasioned.

When cerebral deformity is pushed to the extent that distinguishes some of the Toltecan tribes, mischief, we think, must result to the mental functions. From the mounds on the alluvial lands of the Mississippi, in Louisiana, we observed that very many of them were much thicker than we had found the normal crania of the Algonquin tribes to be. As the Tolticans who inhabited the country on the lower Mississippi became extinct, we have concluded that the cerebral inactivity occasioned by the practice of cranial and cerebral compression, had some agency in their extinction, by rendering them inferior to their Algonquin neighbors. We had this opinion strengthened by information given us by a very capable observer, who has been amongst the Chinooks, on the Columbia river. These Chinooks are of the Toltecan race. The inferior class of this people are not allowed to beautify their children by deforming their heads; the consequence is, that when they become grown they manifest more talent than their superiors, the sacerdotal and regal aristocracy. Our informer assured us that the differenee in mental qualities, between those of normal and those of abnormal heads, is quite material, and the former have the advantage very observably.

Although it has not been known to many, that an artificial deformity of the head will become congenital, yet it has become known, that an acquired mode of cerebral action is entailable. This shows that parents should and must be, in feeling and practice, as nearly as possible, precisely what they would have their children to be. No gentleman, therefore, dare to hope that his children will be honest, however honest his example may appear to them; he must be himself honest in *motive*, and as far as he departs from honest intentions, so will his children act. A proper example is good, so far as it can teach; but it has little influence upon those who have inherited villainous modes of cerebral action. So strongly are we impressed with the truth of this doctrine, that we think it to be about impossible to make, by any system of education or painstaking, an honest man out of the son of a villain. But education may exert a considerable influence; it may prevent him from becoming as depraved as he would become without the education. If education be followed up closely, generation after generation, honest inclinations may result and become transmissible. All the members of society should be careful to keep temptation out of the way of those whose parents are known to have been dishonest. A few are born in every age, and probably in every country, over whom temptation seems to have but little if any influence.

As it may prove interesting to some of our readers to have an illustration or two of this doctrine, we will present or furnish them.

It is now a well known fact in Europe, that the progeny of old and well trained setter dogs will spontaneously set at game; all that they require is to be taught the kind of game that is wanted. In our wild west and south-west, no fact is perhaps more generally admitted amongst the hunters, than that the progeny of an old bear-hunting dog will spontaneously trail the bear, and nothing else; and hence, bear hunters are always seeking the pups of old and distinguished bear-hunting dogs. The procreative laws which are applicable to dogs are applicable also to men.

What a motive this law presents to those parents who have a laudable ambition to live in their children, to be strictly moral and useful in their own lives; to live, in fact, as they would have their children live. In our own travels, we have seen the second generation of patricides, and the third of fratricides, and the fourth of portrait painters. The proclivity to falsehood and to theft are both very frequently inherited. In Arkansas, a gentleman of affluence and influence brought to us a boy, and desired to know of us what business he had better have him learn, and added that he was an orphan whom he had taken to raise. We informed him that we could find but one place for him, and that was the position of a clown in a circus company; for in any other position, his propensity to steal would be indulged to such an extent, that he would soon cease to be trusted in any position, for he will steal to give to others, in order to be considered generous. His foster parent then added, "He does that now," and went on to remark: "When I took this boy, I was aware that his father was generally esteemed to be a thief, but I thought that if he was raised and educated correctly, he would make a useful citizen; but, sir, you have told me so correctly what I know of him, that I am now convinced that no sort of education can make him useful. Mrs. C. and myself have done our utmost for him, but in vain, it appears. In confirmation of what you said of him in relation to the circus, he is the most perfect mimic and the best dancer I ever saw; and he now steals to give to other boys, and we scarcely can ever believe a word he says. I am now satisfied that education has but a feeble influence against inherent dispositions."

We hope that no one, from the preceding remarks, will infer that we undervalue education, because we admit its potency for either good or evil. Nevertheless, we would add, that all that is contended for by the people generally, with reference to the influence of breed, as applied to the inferior animals, is scarcely less applicable to the human race. We desire to have as little to do with a bad breed of men, as with a bad breed of dogs. Education will fail to make either trustworthy at all times. Both, however, may be improved, and ultimately, by education, the evil may be eradicated from the organization, or rather, the improper mode of action of the organization may be corrected by continued training, from generation to generation. As society now exists, improper modes of action are doing far more mischief than improper organizations, and hence the greater hope for the influence of education.

ON THE CORRELATION OF FORCE.

BY PROF. J. MILTON SANDERS.

Philosophers inform us that force manifests itself in a dualistic form.* Those substances which are unorganized have their peculiar combination or force, while all organized bodies possess likewise *their* peculiar manifestations of it, comprehended in the term vitality. I propose, in this paper, to attempt a generalization of those abstract forces which have heretofore been regarded as isolated energies, each gifted with its inherent power, and uncorrelated with the others.

It has been contended by Prof. Grove, that all those forces which affect matter, such as light, heat, electricity, magnetism, chemical affinity and motion, are all correlative, or possess a reciprocal dependence. He contends that neither of these forces, when taken in the abstract, can be regarded as the proximate or essential cause of manifestation, and that either may be converted into the other. I would not only confirm the doctrine of Prof. Grove, that all the forces are correlative, but I would extend it to their identity. I would rather give credence to the doctrine that they are allotropic conditions of the same primary force or energy, but only modified to meet certain exigencies, as their peculiar allotropic condition may be brought into requisition.

We know that motion will generate heat. The friction of machinery illustrates this, as also does the violent friction of two pieces of hard wood against each other, by which they are ignited. Motion will produce electricity, while this will produce magnetism, the latter being the resultant of electrical currents flowing at right angles to the directive tendency of the freely suspended magnet. Motion produces light, as through the effect of friction, or as the passage of an intense current of electricity through an interval of air, or the voltaic current passing through an imperfect conductor, or one insufficient to convey all of the current unobstructed through it.

Motion produces chemical affinity, as is manifested in the decompositions of compositions which the electrodes produce when immersed in a chemical solution. Here we have chemical affinity, though the initial source is motion. And motion may be produced by the forces which motion originally produced, as is illustrated by the divergence of the electro-motor, or the revolution of the electrical wheel, or the deflection of the magnetic needle.

In that allotropic condition of force termed heat, or caloric, all the other manifestations of force may be produced. Heat can be resolved into motion, for it is the primary condition of motion, it being the repulsive force, or that antagonist to attraction either of cohesion or gravitation.

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* The dualistic system of Anaxagorus teaches that there are two principles in nature, one of which is static, and the other dynamic. Had that philosopher taught us that there is but one initial principle, and that ever active, he had perhaps anticipated ages of thought and investigation.

We all know that heat will produce electricity, for it is upon the convertability of heat into electricity, that the science of thermo-electricity is founded. So long as there is motion of the temperature, or so long as the temperature is varying, we have a current of electricity flowing through two dissimilar metals, in a definite direction, depending upon the nature of the metals employed. The assertion that heat will produce *cold*, would be of such a paradoxical nature, that its credence would scarcely gain the assent of those who depend solely upon their daily experience for their acceptation of natural phenomena. But one of the prominent experiments in thermo-electricity is that one where the passage of the current generated from heat causes in one portion of the apparatus heat, and in another cold.

That heat produces light would be but to repeat the result of the daily experience of every person. But while Prof. Grove regards light as the mere correlative of heat, we are inclined to accord to it a more important position. But what does Prof. Grove mean by the term "light?" Does he mean solely the luminiferous rays of the solar beam, or does he recognize as "light" the entire beam? He regards light as not related to heat in that analogous manner in which the other forces are correlated with each other. But, on the contrary, heat and light he regards as modifications of the same force, their modes of action being subject to the same laws of reflection, refraction, double-refraction, and polarization. The difference in these two forces, he supposes, exists more in the manner in which they affect our senses, than in our mental conception of them.

In the thermo-electrical battery we have the illustration of the convertability of heat into electricity and magnetism, and into the force exerted in the decomposition of compounds. This heat, instead of passing into its allotropic condition of electricity, may exert its force directly, as heat, upon the decomposition or recomposition of chemical compounds, as, for instance, in the combination of oxygen and hydrogen gases. This is equally the case with electricity, although, in the latter case, as in the passage of the electric spark through these mixed gases, it is really the heat which causes the combination, and not the electricity, as such.

In regarding electricity as an initiating force, we know that its convertability into motion comprises some of the most striking experiments in electro-magnetism, or in its own attraction and repulsion, or in the rotation of the electrical wheel, or in the deflection of the galvanometer needle. In electricity we have the manifestations of a force which acts not in straight lines, but in a tangential, or rather a rectangular direction, to the direction of its own current.

That electricity produces chemical affinity is illustrated in the powerful decomposing force of the voltaic current, by which we have some most striking instances of analysis and synthesis, which ordinary chemistry does not furnish us with. Had not this wonderful chemical force of the voltaic battery been known to Davy, he had never discovered the compound nature of the alkaline metals, nor would we have those brilliant experiments of Grosse and Becquerel upon the peculiar crystalline compounds they have so felicitously produced.

Light, as an initiatory force, is manifest in a variety of ways, but in none more strikingly than in the experiment of Prof. Grove. He encloses, in a box filled with water, a sensitised daguerreotype plate. This box has a glass front with a shutter over it. A gridiron of silver wire is between the glass and the plate, while the plate is connected with one extremity of a galvanometer coil, and the gridiron with one extremity of a Brequet's helix. The other extremities of the galvanometer and the helix are connected by a wire, and the needles brought to zero. As soon as either a beam of solar light, or that from the hydro-oxygen blowpipe, is allowed to impinge upon the plate, the needles are deflected.

Thus light is the initiatory force, and it causes *chemical action* in the plate, *electricity* to circulate through the wires, *magnetism* in the coil, and *motion* in the needles.

The phenomena of photography furnish us daily with the instance of light being the initiatory force, and its resultant the chemical force. The vegetable kingdom gives us the most striking instances of the initiatory force of light, as derived from the same. The amount of force derived from the light of the sun (or its heat), as equivalent to the amount of wood growing in one year on one square foot of surface, corresponds to that force which would be required to raise a weight of 486,000 pounds to the hight of one foot, while this is only the 1-11th of the entire effect of the sun's rays, of which only the one-fifth reaches this earth, while the half of that is lost.

Heat, as the initiatory form of mechanical force, is manifested in the delicate and perfect working of the animal body. A working man produces in twenty-four hours, an amount of heating or thermal effect equal to raising nearly fourteen millions of pounds to the hight of one foot, but this latter is the conversion of chemical change into mechanical force. This force, whether it be derived originally from the heat, or light, or electrical or chemical forces, is derived originally, by the vegetable, from the solar beam.

Magnetism will produce the other forms of force, but as it is itself static, it is necessary that a dynamic force shall result from its superadded motion. This force being not motive but directive, it is necessary that motion shall be superadded to it. Magnetism will produce electricity; then, of course, it is susceptible of producing the other modes of force, as electricity will do it. Magnetism will, therefore, produce motion only when it is undergoing motion itself. The magnet being itself moved, gives motion to any ferruginous body brought close within its vicinity. This will soon acquire a static condition of equilibrium, but again be moved if the magnet is disturbed.

It is only through motion that we are at all cognizant of the existence of magnetism, for this great force would forever remain unknown, were it not that motion is its initiatory source of manifestation, by which other bodies, such as iron, nickel, or cobalt, are moved when they come within the sphere of its induction. Magnetism will give rise to a current of electricity, that will give rise to heat and light, and chemical affinity, and change their direction or mode of action. There is no such thing as the creation of motion or force. We must look back invariably to some antecedent motion or force, equal in equivalence to that produced. As well might we speak of creating a metal through its reduction, for although the ore appears not at all like the pure metal, yet we know that the metal does exist within the ore, and that it is susceptible of elimination in its pure state through the aid of heat and fl xes.

No force that we are aware of can strictly be termed initial, as there may be some anterior force which produces it. To attempt to trace any force back to its antecedents, would be but to bewilder the mind into a labyrinth of intricacies from which it could not extricate itself.

Chemical affinity produces motion of definite masses, by the resultant of the molecular changes which it induces. The great force exerted by the decomposition of gunpowder or gun-cotton, is a striking instance of the great force resulting from chemical action.

We know, too, that chemical affinity produces electricity, and in all of its phenomenal effects, the quantity of electricity produced is in a ratio to the quantity of chemical action which eliminated it. Even the intensity, or power of overcoming resistance, is in proportion to the intensity of the chemical action, as manifested in the action of the voltaic pile.

Chemical affinity produces *heat*. There can, perhaps, be no true chemical action without the production of heat. It is true the solution often produces cold, but that should not be regarded as true chemical action. This abstraction of heat results from a physical change, as from the solid to the liquid state, whereby heat is abstracted for the conversion of that solid into the liquid. This should not be viewed as chemical action.

That *light* is produced by chemical action, none will deny, as that is the result of daily experience in combustion. The burning of phosphorus in oxygen gas, or that of the action of chlorine upon antimony and several other metals, are striking illustrations of the emission of light through chemical action. Where all intense heat is generated, light results from it. Chemical action produces magnetism, whenever it is thrown into a linear direction in the phenomena of electrolysis. Grove's gas battery furnishes us with an instance of the direct production of magnetism by chemical synthesis.

If we take a close view of all those co-ordinated forces, designated as heat, light, electricity, magnetism and chemical affinity, we must necessarily arrive at the conclusion that they are all correlative—that the analogy between them is inseparable from even the conception of their antithetical nature. If we take a subjective cognizance of these forces, we will perceive that there is unity in what appears as diversity, and that the careful recognition of the phenomena of these several forces only leads us to the conclusion, that what appears as an objective disconnection, is only the result of imperfect generalization, and of immature investigation.

It is impossible to separate the rays which come to us from the sun from the recondite chemistry of vitality, for the very processes of the latter presuppose the existence of the former. It would be equally as difficult to conceive of the various processes of change ensuing on this earth, without implicating the interference and causation of the sun, and perhaps the other planetary bodies. The inductive action of so large a body as the sun—of such a vast mass of matter—must exert a great influence upon both inorganic and organized matter on this earth. We look upon the incomprehensible meteorological changes continually ensuing, as arising from more recondite causes than have been heretofore suspected. The inductive influence of the sun and moon, and the latter particularly, during its complicated orbital twistings, have not been taken cognizance of. There is much yet which is not dreamed of in our philosophy, and which careful study will eliminate. The mysterious phenomena connected with the tides are yet, to our mind, totally unexplained. In electrical induction, we know that the velocity of the tangential movement is proportional to the degree of induction. This force may vary, depending upon whether the earthy or the aqueous portion of the earth is turned toward the sun. In this, too, we may ascertain the cause of the varying velocity in the translatory movements of the earth in different parts of its orbit; and, indeed, the different degrees of elipticity in various orbits, may yet be determined by the peculiar distribution of the land and water upon the surface of the planet or the sun itself.

The great antagonist to our conception of the unity of the physical forces, depends upon the faulty operation of those faculties by which the impressions of the senses are concentrated and co-ordinated. Sensatorial impressions are too frequently confused, or are so correlated, that no one faculty can be said to be wholly independent of the others. Those persons who are born blind give evidence that the ideas which we generally associate with the operations of the sense of vision, are not wholly dependent upon those organs, but that they are connected by some mysterious influence with other organs not at all apparently associated with sight. The gustatory function of the tongue requires the co-operation of the nose, whereby we know that the sense of taste is not simple. When the vision is destroyed, then the ordinary tactile nerves acquire a visual delicacy of perceptive function. The bat appears to be gifted with a tactile sensation equaling the visual, for in the darkest night it will fly about an apartment without touching any object.

The impressions of sense are, therefore, not simple, but are confused with the functions of each other. It is, therefore, not unlikely, that we may often, in our cognizance of phenomena, or its co-ordination in the mind, mistake correlation for distinction; and therefore, we may fail to make that proper generalization which is absolutely required, ere we arrive at all the objective and subjective elements of a true conception. Irrespective of the subjective process by which we may arrive at the conclusion, that all the co-ordinated forces of nature are really identical, we have no want of evidence in favor of the unity of these forces, and that light, heat, electricity, magnetism, chemical affinity, and motion, are identical forces. Their allotropism is equally as probable as that of the elements, for the convertability of the one force into the other is equally as irrefutable as is the case with the allotropism of the elements.

The correlation, or the identity, of the forces which influence the changes of matter, will furnish philosophers with no little labor for years to come, both in the way of delicate investigation, and in profound and intricate thought.

Cincinnati, February, 1857.

MORTALITY.

BY URBANE V. WILLIAMS., M. D.

Death is the cessation of life. This definition, however, explains nothing beyond what is evident to the senses, and, as we attempt to unveil the process by which vitality is severed from its earthly associations, we seek not to lay sacriligious hands upon holy and forbidden ground, but rather to be the invited copyist in the great natural world. Every species of organic matter, vegetable and animal, has a specific period of existence; in other words, peculiar laws *sui generis*, in each instance, governs and controls the powers of life for a given period, until, through weakened energy, either by natural limitation, or accidental violence, vitality becoming inadequate to sustain the failing system, death assumes control.

We distinguish two primary modes of death, *accidental* and *senile;* the latter signifies death from old age, and the former from accident, contrary to what might be presumed to follow the harmonious laws of nature. Few individuals die from natural or *senile* causes. Inferences drawn from the most accurate statistics, exhibit the solemn trnth, that not more than one tenth part of the human family reach the period to which the uninterrupted laws of nature and vitality might extend. Dr. Parr advances the opinion that, prior to the deluge, one object of the Mosaic narrative was to preserve the geneology of the children of Israel from Adam down, and successions of families and dynasties may have been represented as individuals. There has been no apparent change in the constitution of the Globe—certainly none adequate to effect so material an abridgement of human life, and nothing to correspond with this change has been observed in the lower animals. It is further argued that if the term if man's existence has been diminished, it has occurred through the agency of natural causes; indeed, these are supposed to be numerous and potent, each directed for an insiduous but certain blow at the fated object, and achieving something toward the given end. If, five thousand years ago, human life extended to seven hundred years, whereas now it counts but seventy, there is of course but one-tenth part the period of life *now* that there was then. Taking this as a basis of calculation, it will be found that, the same causes continuing to operate, the human race will be extinct in less than five hundred years from the present time, and should be now rapidly diminishing instead of increasing. Opposed to all this, however, is the plain declaration of the volume of inspiration; which, with most persons, will be conclusive evidence. Buffon estimates that one-fourth of the human race die before the end of five years, one-third before ten, one-half before thirty-five, two thirds before fifty-two, and three-fourths before sixty-one. The mean period of life in a child of three years is thirty-three; of an adult at twenty-one, nearly the same; the age of sixty-six has equal chances with the infant; estimating the most fatal periods, at appearance of the teeth, puberty, twenty-one, twenty-eight, forty-five, and sixty-one.

Death from old age is with difficulty explained. We may turn to the various mechanical powers and combinations to exhibit analogies illustrative of man's decay —the action of wheel upon wheel, until, by natural friction, they cease to occupy their original space, and the failing power is followed by cessation of motion, is a feeble and imperfect figure, when applied to decay of animal life. True the human organization is, to a limited extent, influenced by physical laws; but these are all modified and held in beautiful subordination by the vital principles, until that period arrives when Providence terminates life.

During adolescence, the vital principles maintain the ascendency, and the system is increased and perfected, until physical organization is completed. From this period to the fiftieth year, the mental and physical powers undergo many and important changes. Curiosity and activity of observation, so peculiar to youth, begin to mellow down in the more sombre shade of after years, and although the intellectual operations are prompt and energetic, and with an improved judgment subduing early passions, yet memory and imagination begin to fail, and change the mental constitution. The circulation, during this period, is reduced in force, but acquires *regularity*, and the development of animal heat is sensibly diminished. A desire and necessity for repose and sleep become manifest, and consequently, the ability to sustain corporal fatigue is greatly lessened.

When the meridian of life is passed, the beauty and harmony of laws that regulate the period of youth, suffer a material change; the assorbing vessels gain the ascendency, and the system wastes; a general, but gradual and almost inperceptible diminution of vital energies, follows impaired nutrition; and while the intellectual powers may glow with much power, the physical frame is rapidly passing down the vale of time.

After the fiftieth year has been passed, all these phenomena are very remarkably augmented, and while the external and visible signs are accumulating, *internal* causes are operating to effect such changes.

It was remarked in an article on Life, that in the lungs the blood undergoes important and vital changes, capacitating it to sustain vitality, and when this function is materially interrupted, the brain was immediately impressed by the morbid change, and deleterious effects proportioned to the intensity of the causes followed. In old age the action of the heart is enfeebled; and blood is not forced into the minute vessels. The consequence is, that the capillary system of the lungs, whose office it is to transmit the circulating fluids, for exposure to the air (oxygenation,) contract in diameter, and exclude much that should be admitted. The brain is evidently that organ which *immediately* sustains the vital powers, and whatever impairs its integrity, reduces, in the same ratio, *animal life*. Then the *impure* current of blood, which passes the lungs without due oxygenation, poisons the brain and nervous system, and rapidly reduces the energies of the entire body; every function becomes impaired: the muscular power and contractility become enfeebled; the superincumbent weight is imperfectly supported, and the body, yielding to the laws of gravitation, bows to the earth as if already seeking an assimilation with its natural elements; the external senses, particularly seeing and hearing, become obtuse; observation and imagination become positively weak, but the retention of a good judgment renders the circumscribed intellectual operations comparatively perfect.

The shades of evening are now growing around the pathway of the time-worn traveler; he beholds himself a scathed monument of decaying mortality. The cool zephyrs that fan his withered locks are the same balmy winds that met him in joyous youth; yonder bright star that meets his dim vision is the same shining orb that threw its sparkling rays upon his young life, and the burning light of day is the same luminary that shone on his juvenile sports. But oh! how changed the scene! While these remain the same, his own bright eye is dimmed; his cheeks are pale; deep furrows mark the sinking frame; the nerves and muscles, that bore him onward as the agile deer, respond not to his tardy will, and the decrepid old man leans on a *wooden staff* for support. The contractile power of the heart becomes slow and feeble; the blood is thrown imperfectly to the extremities; temperature rapidly lowers; the warm blood of life cools as a stagnant pool; the vital spark, like the dying taper, glows an instant in the last struggle, sinks, and burns again as though aroused by renewed effort; the lungs expand not; the heart ceases to beat; the brain inanimates; the eyes grow dim; the lips move not, and the *man is dead*.

It is thus in man, that a separation of the physical and spiritual relations occur, and in the lower animals the extinction of a more circumscribed association.

We next treat of *accidental* death. The immediate destructive process in accidental death, commences either in the lungs, the heart, or the brain. When one of these vital organs is at once invaded, death is sudden; but when disease attacks the remote parts, the case may be protracted and lingering, but ultimately destroys life by interrupting respiration, circulation, or innervation. All men die by one of these modes, and whether we recognize the intervention of ordinary diseases, defective nutrition, poison, intense cold, mental emotions, or mechanical violence, the result is the same. The aid of the skillful physician consists in remedying an attack of the vital organs, or in preventing their invasion by remote diseases.

Apoplexy is a term applied to death of the brain. Destruction of the cerebral organ—the seat of sensation, volition, and motion—occasions universal death, by annihilating respiration and thereby the sensibility, and contraction of the heart.

The most vital part of the human system is a portion of the cerebral matter, intermediate between the brain and spinal marrow, denominated the *medulla oblongata*, which is the "*link that binds us to life*." The slightest injury to this part, mechanically or by apoplectic effusion, would at once extinguish life. Pressure of other portions of the brain, however, produces apoplectic stupor, but less speedily fatal.

Cold blooded animals possess great tenacity to life; and if there is a separation of the head from the body, that part in which the medulla oblongata is left, will retain sensation for the longest period. Thus, if the head is cut off so as to retain this vital part, it will evidence life longer than the body; but if it is left with the latter, then the head will die first. This fact accounts for serpents retaining life after decapitation, and even being capable of inflicting a wound. In man, consciousness does not exist, as some suppose, in the head, after separation from the body. In the case of a criminal reported by Prof. Bischop, the countenance was examined immediately after the separation of the head, when all the features were observed to be tranquil, without the slightest trace of pain or distortion. This criminal had confidently expected and anticipated pardon, but upon the word "*pardon*" being shouted in his ear, not the slightest emotion was manifest.

Violent mental emotions, and electricity, instantly and permanently extinguish life, by producing cerebral palsy. Narcotic poisons, as the moorara, opium, and others, act directly on the brain, and, in large doses, destroy life, unless speedily counteracted. The circulation of black blood in the brain is another cause of death. This process, however, commences in the lungs, and the brain suffers in consequence of the impure current sent to it from the pulmonary organs.

This condition has been termed *asphyxia*, or death commencing in the respiratory system. This, however, is not *strictly* true, because death does not occur in consequence of depriving the lungs of any thing essential to *their* existence, but by destroying respiration, *venous* blood is thrown into the brain, and there displays its narcotic influence.

Asphyxia is witnessed in death by drowning, hanging, inhalation of poisonous gasses, inflammation and congestion of the lungs. It is characterized in ordinary cases by difficult respiration, violet color in the face, lips and nails, stupor, insensibility, cessation of the action of the heart, and death.

As a general rule, if black blood is circulated in the brain for the space of five minutes, recovery is impossible; but if, in case of syncope, an individual fall into water, he may remain much longer and yet recover, because then circulation ceased *first*, and black blood did not circulate. Syncope is death commencing at the heart. In this instance, the circulation is at once arrested; every part of the system is deprived of that indispensable stimulus, and the consequence is general and complete death. Syncope is not, however, always necessarily fatal; indeed in its milder forms, it is of very frequent occurrence, and as frequently only occasions temporary unconsciousness. In bleeding, fainting is often produced, but death does not follow that simple operation. Fatal syncope, however, may follow great loss of blood, violent pain, mental emotions, and certain impressions on the organs of sight and smell. The heart, erroneously supposed at former periods, and still referred to as the seat of the affections, is the great center of circulation, and a suspension of that power is at once followed by a cessation of all the vital functions, and even vitality itself.

Although death may commence at the lungs, heart, or brain, yet a close analysis of the subject exhibits the fact, that the *brain* is intrinsically the organ upon which the destructive influences are *finally* spent. Thus, in asphyxia, black blood poisons and paralyzes the cerebral organs. While in syncope the brain is deprived of all blood, which is instantly followed by complete loss of nervous power. Death, then, is the result of *exhaustion or suppression of nervous energy.*

When death has taken place in vital organs, those of minor importance next catenate in the dying series, until the entire body is a lifeless mass. Vitality having left the entire system, it is at once deprived of the preserving influences of organic forces, and is of necessity immediately placed under the control of physical laws.

The *signs* of death it would seem are *terribly* plain, yet are not always *certain*. They are divided into the *deceptive*, the *probable*, and the *certain*. The deceptive are cessation of motion, absence of exhalation from the lungs, fixed eyes, paleness and coldness. The probable include rigidity of the limbs, opacity and sinking of the eyes, and *partial* gangrene. The only *certain* sign is absolute putrefaction.

With regard to the *pain* of death, or that which precedes it, no general position can be assumed. When the brain is originally implicated, and death is produced by apoplexy, all sensation being destroyed, it cannot possibly be connected with pain. In asphyxia, when brought on gradually by a combination of causes, the greatest amount of agony is inflicted, which we are capable of suffering. I say *agony* because *pain* does not compass its horrors; no sensation can equal the terrible struggle attending suffocation. True, sudden asphyxia prevents continued suffering, but the pain is equally intense, though less protracted.

In syncope, painful sensations are experienced in the first stage of the process, but an entire cessation of sensibility, so speedily follows, that death commencing at the heart is comparatively tranquil. In all these instances we perceive that the action on the brain is the cause of death. The conclusion therefore follows, that in *articulo mortis* all feeling is lost, and not the slightest physical sensation *can* be experienced. Excessive pain is often endured during the progress of disease, but when that point has been attained which is to loose the Gordian knot, the brain has been so completely destroyed, as a necessary pre-requisite to produce death, that no sensation can be appreciated.

Thus ends life. After having struggled through the pain and turmoil of the first existence, and endured the pangs of the last conflict, the kind hand of Providence draws a narcotic mantle over the writhing body, anæsthesia spreads a last sleep upon the sinking frame, and all is hushed in *death*. Then the spirit, on the wings of love, enters the vestibule of everlasting glory, where heavenly radiance throws out her transcendent banners, on whose magnificient folds glows the ensign of Omnipotence.

Flint Hill, Mo.

INFLAMMATION.

BY BERNARD STUVE, M. D.

This is a hackneyed subject—a subject which the most profound and astute stars in the galaxy of medical lore, have essayed in every point of the compass, until a mine of truth has been evolved, astonishing to the student, and potent in the relief of the sufferer with disease; but which, too, in the other extreme, has been spun out, until the fibres of its web become lost in a tissue of imagination, and the author's brain is exhausted in delusive fabrication. It may be thought obtrusive on my part, unsophisticated as my mind is in logic, to invade this field of learning, and I shall not attempt to plow any new furrows, but ramble in those deeply ditched by others.

Prominently in the division on this subject, among authors, is the bandying of words whether inflammation and fever are diseases, or mere healthy exacerbations of the vital economy to remove disease. Some are *pro* and others *con*: one holds that the proximate cause of these affections is in the cardiac force, another that it is in the capillary system; one that the fibrin of the blood is its gauge, another that the globules are its sole stimulant. Out of these questions, unsettled as they are, have nevertheless grown heterodox systems; the most shallow and exclusive among these absolutely maintains—adopts it as a basis of procedure—that "heat is life, and cold is death"—the true calling of the physician being to add fuel to the flame of fever, as a barrier against the progress of the monster, death, or cold. Ergo, red pepper and steam play that very important part, sole part, in cooking up poor, suffering human flesh, till it is "done brown."

These theoretical differences seem, also, to have obtained consideration by some of the ever honored Faculty of my *Eclectic alma mater*. These worthy members seem so totally eclectic in their views, as to be quite tangential on this all-unimportant question of words. The Professor of Physiology[*] refers fever and inflammation exclusively to the pathological deviations of the blood; that these conditions are diseases as unlike as day and night—the plasma being the *fons et erigo* of them. Fibrin is held as the standard; its rise indicating the hight of the inflammatory condition, and its fall the febrile, typhoid, or defibrinized condition of the blood. That in all inflammatory exacerbations, the fibrin varies in increase, and in all febrile, in decrease; and that these states of the blood necessarily imply disease, because both differ from the physiological proportion.

The Professor of Theory and Practice, on the other hand, declares that most diseases are caused by defective depuration, and fever and inflammation are physiosiological actions of the system, under the circumstances, to cast off disease; that there is an inherent power of the animal economy, by which nature guards it against disease; that disease is not a tangible substance, or morbid growth, *per se*, bearing proportion, size and shape, but that condition of a part which disqualifies it for the normal performance of its functions. *Fever* is a manifestation of an effort of the

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[* Prof. Buchanan was filling this chair in 1854, when Dr. Stuve was in attendance.—ED.]

system to remove the abnormal condition, in a hightened physiological manner. *Inflammation* is an evidence of local disease in one or more parts—the means employed by nature to remove obstructions, and restore the parts to a normal action.

This definition does not imply an excess of health, or an increase of vital energy. The excited condition of the circulation indicates rather a more rapid waste of the tissues, and a decline from the physiological standard. Excitement is not strength, but a mustering of the vital forces, so as to concentrate them in a solid phalanx against the invader, disease; the natural consequence of which is, a proportionate exhaustion and waste—proof of the tendency in all affections to a decrease of stamina. Should the nurturer of health aid nature in her undertaking, or the disease by depletion?

The locked condition of the secretions, which obtains in acute diseases so generally, is a most apparent proof of this decline. Physiology teaches us that a free flux of the secretions rapidly destroys the vital energy. In cases of fracture of bone, if constipation supervene, every writer on surgery regards it as an attempt of nature to set up a recuperative process, by inducing inflammation. If, on the contrary, diarrhea supervene, it is regarded as a very unfavorable prognosis, and union of the fracture is arrested. In typhus fever, in the treatment of which I have had some experience, constipation was the first and only symptom upon which a favorable prognosis could be based with any degree of surety. On the contrary, if excessive secretion of the skin, and particularly the bowels, obtained, it was an alarming evidence of the rapid destruction of the tissues and prostration of the powers of life.

All authors hold that fever and inflammation, which I consider synonymous, are an increase or exaltation of the vital force. If such be the case, all the functions of the glandular system should be exalted: we have already found the converse. If there could ever be such a condition as excess of health, which, in my opinion, is impossible, all the secretions would be augmented; for under the full and equable performance of these functions only, could health or the physiological balance obtain. If the action of one organ is increased, it is done at the expense of another or the general system—a tendency to lessen vitality—and the preservative power battles against this drain, by locking up the gates of the secretions; the disintegration of the tissues is arrested, strength and vitality are retained, and thus Nature fortifies herself by husbanding her resources, during the struggle with disease. Can any thing be more beautiful than this preservative tendency in the animal economy, and who will deny it?

That there is an increase of vital force in the system, under inflammatory action, is an error well grounded in the minds of Old School authors, and upon it they base their antiphlogistic and depletory treatment. The plasticity, or organizable character of the blood, dependent on the ratio of that protean constituent, fibrin, has led to this conclusion. But Majendie, in his experiments on the blood, has shown beyond a doubt, that by depletory means, per venesection, the fibrin is augmented at every repetition. The Professor of Physiology, however, seems to entertain some misgivings as to the correctness of the equation, which was computed, of course, by the proportion of constituents in the blood drawn, and must necessarily vary from that in the system, and that, also, of each succeeding venesection, for the greater the proportion the more of it would flow off; and from this he inferred the doubt as to whether this element changed to an augmentation at all or not, as this must always be adjudged by venesected blood. And this idea apparently militates with one declared before, that the amount of inflammatory re-action corresponded to the increase of fibrin.

But this is an attenuated and entangling subject, upon which there are myriads of dissimilar views, and not at all practical. I will, therefore, take up the subject to some extent in its practical applications, as taken from the Professor of Surgery, who seems, *en passant*, quite non-committal, neither declaring inflammation a disease nor a healthy action that should be fostered, but the most healthy action a morbid tissue can generate.

Inflammation, then, to a temperate degree, becomes a salutary process of nature. The plasticity of the blood is elevated, and the exudation of lymph is established. All diseases are more or less re-active. If the re-action be insufficient, local stimulants and general tonics are indicated. It may, however, run to that grade, so as to produce destruction to the part, causing death or mortification—showing that the normal formation is not commensurate with the reaction. From 98° to 104° Fah. gives vigor and comfort to the human body. Does that prove that every degree of heat above this point adds zest to the *embonpoint?* Yet some contracted, one-idea men want to enforce this exclusion to the *steaming* point.

Fever, being a "manifestation of an effort," involves the general system. Its causes may be numerous. Cold, damp air is the most frequent. Process—cold constringes the surface; the blood is forced back; torpor, and a retention of effete material, occur; moisture aids in conducting off heat, and a chill follows. The retained foreign material becomes a source of irritation; the nervous influence is cut off, and electricity accumulates; chemical changes proceed. A parched, heated surface is the result, which the excited re-action of the heart attempts to remove, and we have what is expressed, fever. The reaction always corresponds to the debility of the system and previous nervous depression. Equalization of the circulation, sponge bath, etc., will palliate.

Inflammation is "an evidence of local disease." Pain, heat, redness, and tumefaction, are its symptoms. Causes are various: injuries, local obstructions, wounds, contusions, &c.; heat and cold; chemical corrosion; specific contagion. These may be direct or indirect.

Pain.—This seems a constant attendant upon inflammation, except, perhaps, it be in the brain. Its *modus operandi* seems purely mechanical. There is an amount of morbific matter retained, which, circulating into the minute capillaries, becomes arrested, and distends their walls. Every ramusculi and vase vasorum is fully supplied with delicate expansions of nerve-fibrilla, encompassing it spirally. The distension, then, consequent upon the accumulation of morbid matter, is said to produce pain. The pain of a nerve-trunk and membrane is shooting and transitory. A sympathy of distant parts may exist, as the stomach and lungs through the pneumogastric. Pain of the serous surfaces is sharp, lancinating, and pricking; of the mucous surfaces, scalding when excited; of the bones and cartilages, deep, aching, gnawing, and generally severest in the latter part of the day; of the fibrous structures, aching and severe, like "wrenching the part in a vice." Some hold that there is a constriction and greater intensity of circulation; others that there exists a dilatation and congestion. The former doubtless first obtains, and the latter supervenes.

Heat is actually increased, yet not to that extent which the morbidly sensative part would indicate to the patient. The cause may be oxygenation, or an accumulation of electricity; heat and electricity seem to have a common origin.

Redness is referable to retention and oxygenation of the congested blood.

Terminations of Inflammation: Resolution, exudation, suppuration, ulceration, hardening, softening, and gangrene or mortification.

Resolution is a recession of inflammation, or a restoration of the part to a normal action, without assuming any of the other terminations. The pain and heat become milder, and the other symptoms gradually cease. It may be expected when the pain is not very acute, and no throbbing sensation in the swelling. Adhesion, union by first intention.

Inflammation most frequently resolves, however, after exudation to a limited extent takes place, especially with serous membranes. What is termed a crisis generally indicates this resolution. It consists in a copious saline perspiration, or urine full of albumen, or molecular fibrin. If pus form to a limited extent, it, too, may become absorbed. Globules of healthy pus may circulate from their size, *sans* injury, and be excreted. The mucous surfaces differ much in their structure, and consequently, in their physiological and pathological secretions. The latter consists of pus, glutinous mucous globules, and scales of epithelium. In the early stage, it seems somewhat saline, and in the latter there is an increase of fatty matter. The mucous surfaces never terminate in resolution directly, but frequently in ulceration, as in dysentery.

Exudation consists of two kinds, serum, and fibrin. As the tissues become lax, or the walls of the vessels spongy, serum first exudes, then plastic lymph, or fibrin. "Ubi irritatio ibi flaxis," is the stale and oft-repeated "saw" ascribed to this condition as the cause. It is also held that the *vis a tergo* is intensified, which is not the case till the general system becomes irritated.

Dropsy is an exudation of serum, in whatever tissue it be deposited, and is always produced by inflammation. A mere excitation of the inhalents, or passive dropsy, never occurs. Resolution is performed in the order exudation took place; first serum, and then lymph, become absorbed; sometimes, however, this last becomes organized, and induration follows.

Suppuration—or formation of pus—a healthy secretion. Two kinds: laudable, or healthy, of a thick creamy consistence, and sweetish taste; sanious ichorus, or unhealthy, feted and excoriating, of larger globules, containing no granules. When the inflammatory process attains a certain hight without resolution, there is an epithelial or vesicular membrane, formed to secrete pus globules which float in the liquor puris. If the inflammation be deep rooted, the pus will collect in a cyst, and we have abscess—abscess, in one sense, may be said to be present in every case till it point and discharge. This sack may become ruptured from violence or compression, its contents taken up by the circulation and excreted by the kidneys, in the form of abbumen-urea. The microscope discovers this to be particles of vesicular membrane. But if it be unhealthy, or ichorus, the pressure then may force it into the adjacent cellular tissue and produce traumatic erysipelas, phlebitis, &c., through its ischar. If it should fall into the common venous sewer, the small capillaries of the lungs or liver would arrest it, and thus produce its disorganizing effects there.

Ulceration.—It is difficult to draw a line of demarcation between suppuration, abscess, and ulceration; they all seem necessary concomitants. You can not have ulceration without these two preceding stages. Ulceration consists in a disintegration of the tissues by some chemical agency, and the absorption of these particles, by the common sewer that washes along everything it can float—the venus system. The pus collects on the ulcer, and is seldom absorbed. As compression will lessen a part by absorption, so a congestion of the ramusculi will increase the removal of the tissues, especially if disintegrated by sanious pus.

Symptoms of abscess—Pain, inflammation, and throbing, accompanied by rigors. Placing the left hand on one side, and striking with the right on the other, will discover a distinct fluctuation; and when it is likely to "point," it presents a peculiar paleness. Abscesses, no matter where situated, have a tendency to discharge to some of the surfaces, as the skin, mucous membranes, pleural or peritoneal cavities, bile ducts, &c.

Induration depends on exudation of lymph, and an absorption of serum, leaving the fibrin to collect into an indurated mass. Blood-vessels, by a beautiful and intricate process, pierce this mass, and if stimulated, may wash it away, differing thus from adipose and encysted tumors. If, through irritation, a new deposit of lymph supervenes, and which, by pressure, disintegrates into epithelial cells and pus, the indurated mass will become disorganized. We have an evidence of this in the common furuncle. If there should exist a morbid irritability of the system, or strumous habit, these tumors, thus formed, may assume a great malignancy. Atrophy of parts, as in narrowing the bowels, ductus adnasum, and many other parts, adhesive bands following burns, ectropeon, &c., are effects. And those peculiar abnormal secreting surfaces, caused by the breaking up and defusion of the puncta vasculosa, fistulous pipes, &c., which should be destroyed to a healthy base, are all excrescences of this deposit, hardened to different degrees.

Softening may be considered the frequent prelude to gangrene. The blood is defibrinized—lacks the lymph character—debility and a general relaxation or softening tendency of the tissues ensue. This is followed by congestion, hemorrhage, putrescence, and gangrene. We observe this in general typhoid conditions. Some organs, as the brain, spinal marrow, liver, spleen, &c., with a peculiar anemic, and scrofulous tumors, are mostly disposed to this termination of inflammation. Mucous membranes and indurated masses seldom soften, and when they do, it is generally a deliquescent or oozing process

Sphacelous mortification, or the death of a part, is most frequent result of a high grade of inflammation, in those of a highly vascular organization, or reactive power in the system. It also frequently occurs from the opposite, or anemic condition, when it follows the course described under softening, congestion and extravasation into the surrounding tissues, and the general septic tendency of the blood. A striking evidence of this occurred in a case of typhoid fever under my treatment, last spring, resulting in true ungovernable *cancrum oris;* commencing in the cheek first, and finally involving the gums and bones of the jaws. In this last condition of the system—when anemic gives rise to sphacelous—I consider the prognosis inevitable death.

The symptoms of mortification under the high grade of inflammation are: intense throbbing of the part without fluctuation or gathering of pus, and a peculiarly hard feel; a very dry, hot, and often glassy appearance of the skin; no sensation in the part; the part presenting a reddish dark hue, and emitting a peculiar warm and fetid stench, delirium, &c. The line of demarcation may be drawn in external sphacelous, the dead and living parts separated, and life preserved.

Internal Ganyrene may be expected when a sudden cessation of pain occurs; small thready pulse; dark tongue; diarrhea, greenish, curdly, and intensely fetid; mental aberration; cold clammy sweat, &c.

Gangrene is divided into two kinds, humid and dry, or gangrena senilis. The humid consists in an obstruction of the veins, and the consequent retention of the blood, rendering it, of course, more or less humid. The converse obtains in the dry form. There the obstruction exists in the arterial system. The parts unnourished by blood become dead, and the venous action being unobstructed, renders them dry by conducting the fluids centripetally.

As far as the constitution or general system is involved, we have two great divisions of inflammation—acute, and chronic. The acute runs through its course speedily and terminates in resolution, suppuration, or the chronic form, which generally terminates in effusion or ulceration.

The "manifestations of an effort" accompanying either the acute or chronic forms of inflammation are denominated, simple, erathretic, torpid, malignant, obscure, idiopathic, symptomatic, specific, and sympathetic, fevers. To go into the consideration of these fevers respectively, would render the subject prolix and wearisome.

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CONGENITAL HERNIA.—M. Jobert (*Rev. Med.-Chir.*) relates four cases treated successfully by iodine injections. The plan was proposed by Velpeau, eighteen or twenty years ago. M. Jobert does not cut into the sac, after Velpeau's method, but merely punctures it.

Birkett reports a case in which there was an abscess formed in the breast of a child three months old, and whose mother stated to Mr. Birkett that, unlike her other children, the breasts of this one had not had the usual milky discharge from the mammary gland; and in another case, where the child was sixteen months old, an abscess was present, and the breast swelled very much, in which there was also a discharge from the vulva, showing that the genitals were in an irritated condition—another evidence of the sympathy of the parts. But however often we may be called to treat such tumefactions and swelling of the infantile breasts, we shall find the symptoms rapidly subsiding after the slightest attention; and that in no case do they end in serious lesions.

When we approach nearer to puberty, the breasts become more subject to disease, and not unfrequently we shall find, that they then readily assume a form of malignancy which demands our utmost attention. And what adds to the difficulties attendant on their treatment, is the modesty of those thus afflicted, and their indisposition to permit examinations to be made, while the disease is yet in its incipient stages.

With the complete development of the ovaries, and the establishment of the catamenia, the mammary glands rapidly enlarge, and assume their perfect shape; the areola deepens, and the nipple evolves into its natural prominence, of course not acquiring the size and shape which it is afterward to attain. Changes thus occurring are perfectly natural, and do not commonly give rise to disturbances which require surgical attention; yet they sometimes do, and it is therefore incumbent on me to make some suggestions respecting those diseased conditions.

We are to bear in mind that this natural period of female development varies with climate, habits and constitution. It may be stated to range from nine to sixteen years of age, and M. Bourgat Saint Hilaire relates the case of a little girl, born in Louisana, on the 13th of December, 1837, having from birth *well-formed* breasts, and having the pubes covered with hair, as in a girl of fifteen. The catamenia appeared when the child was three years of age, and continued to appear monthly, as in women generally, after puberty has been fully established. The quantity of the catamenial discharge was as great as in women fully developed; the time of the discharge being usually four days. This is certainly an anomalous case, but none the less interesting as a fact. A similar case is reported in vol. 2, of the Medico-Chirurgical Transactions, by Sir Astley Cooper. This child was the daughter of a waterman at Lincoln. The catemenia appeared before she was three years years old; at first occurring at long intervals, but becoming more regular as she acquired age. "The catamenia," says Sir Astley, "exactly resembled that of most women, except that it was rather of a darker color." The breasts were very full, being as large as those of most women at twenty years of age. Her pelvis was well developed, and the pubes covered with a light colored hair. She did not seem to possess the sexual desire, and was not more modest than most children at her age. When six years of age she menstruated regularly every 21st day, the discharge lasting four days. She had frequent leucorrhœa, and when in her seventh year, exhibited much more modesty than before. This girl had other sisters who did not manifest any forwardness. Other cases have been recorded, but these are quite sufficient to show that the breasts, in connection with the ovaries, may be developed at a very early age; while on the other hand, numerous cases are recorded where neither the ovaries nor the breasts were ever developed.

Even at the early age of twelve, or at the period when puberty is being established, the breasts may become the seat of cancer, and other malignant diseases, though such instances are not common, by any means. Mr. Bransby Cooper relates the case of a girl aged 13, on whom he found carcinoma medullæ, of the breasts, which was removed, and who died, notwithstanding the operation. Lyford reports a similar case in the London Lancet, and also refers to a specimen in the museum of St. Bortholomew's Hospital, which was taken from a girl aged sixteen years.

The diseases most apt to attack the mammary gland, at the period of puberty, are inflammation and its sequelæ, and often ending in chronic abscess, which, if suffered to run on, may finally develop itself into malignant tumor. Girls, at the establishment of puberty, have most to fear from tubercular diseases of the lungs, mournful instances of which we see almost daily.

The surgeon who expects to master the treatment of diseases incident to the breasts, must not neglect to glean from every source all such information as will lead into an understanding of the basis of those pathological states, which form their development. He ought to examine with a microscope the composit cells of every morbid growth, the pus, the fibers, the blood-vessels, the tissues, and the chemical nature of the attendant secretions.

As it will be to the diseases which affect the mammary glands after puberty, that I shall direct your attention more particularly, I close this lecture by reminding you of some of the effects of common inflammation in the breasts. This has been divided by Sir Astley Cooper into three stages which he very appropriately terms adhesive, suppurative, and ulcerative. Adhesive inflammation produces a firm and very sensitive enlargement, which, in consequence of the tardiness of the dense fascial membrane in yielding to the enlargement, often occasions excruciating pain and suffering to the patient. The solidity of the swelled gland depends upon the engorgement of the interstices with the serous and fibrous portions, of the blood. The blush of inflammation is well marked, and the throbbing quite sensible. Shiverings reveal the fact that the general system is influenced by the local inflammation. This shivering is succeeded by heat and copious perspiration. As the disease progresses the cuticle separates, ulceration is established in the cutis, and a discharge follows. This process is completed in from one to three weeks—the disease running its course much more rapidly in some than in others. This kind of inflammation mostly attacks young mothers, and for obvious reasons. When we endeavor to arrest the first stage, we shall not be often compelled to treat the suppurative stage. Fomentations, and washings with cool lotions, will be found of great benefit, and a poultice, in which there has been incorporated a large quantity of veratrin, will be serviceable. Or, if the suppurative stage has been reached, then we must rely upon hop and poppy fomentations, and hyosciamus poultices. The abscesses of the ulcerative stage are to be opened with the lancet, as soon as there is much evidence of accumulated matter, and then the part is to be treated with poultices and fomentations—the minutia of which will appear in subsequent lectures.

A SHORT CHAPTER UPON CRITICS.

BY PROF. J. MILTON SANDERS.

We are somewhat amused at the dissimilar and contrasting tone of the articles which have appeared in relation to our edition of Gregory's Chemistry. But we find consolation in the fact, that in every instance which has yet come beneath our notice, the articles which are antagonist to the book, give unequivocal evidence—by the spirit of malignancy and over-strained efforts at effect, which they evince—that the virulence is directed more against the editor personally, than the book. While such able chemists and polished writers as Prof. Lewis H. Steiner, of Baltimore, speak highly in praise of our edition of Gregory's Chemistry, such a man as Benjamin Silliman, jr., of New Haven, Conn., has evinced such bitter acrimony, and such a vindictive and malicious spirit, that we must look to other motives for the tone of "criticism," than those which the defects of the book might call forth. Now we think that a part of the motives which have given birth to this malevolent attack of young Silliman, proceeds from the fact, that his own chemical compilation has, in many instances, been thrown out of our prominent colleges, while our edition of Gregory has supplied its place. Now this Chemistry of Silliman is, perhaps, one of the feeblest attempts at compilation, which the teeming press of this country has brought forth. Until we examined this work, we were led to believe that Benjamin Silliman, jr., from the great flourish and pretension with which his name has been bandied about in several of our scientific journals, was a man of some considerable scientifie attainment. But a perusal of this work upon chemistry has led us to the same conclusion that it had previously some of our scientific friends—that this man, with all his pretension, is the veriest charlatan that has started up from among the ever-boastful Yankees. We defy the man, at all cognizant of good syntax, or of chemical science, to point out to us a single illustration, in this entire work, of an approach even to mediocrity. The latter part of his book is from the pen of Mr. Hunt, of Canada. It is the only original part of the book, and the only portion which is worth the ink and paper consumed upon it. This is not mere assertion. We shall prove in a future article, by passages from the book itself, that it is but a mere mess of charlatancy and pretension, and that, therefore, as it is forced upon the public as a text-book upon chemistry, it is simply a fraud upon community.

Another reason why the virulence of this Mr. Silliman has been so signally aroused, proceeds from the fact, that the dedication complimentary to his father, which appeared in the first edition of Gregory's Chemistry, has been withdrawn—the book being now inscribed to "The American Association for the Advancement of Science." Our reasons for this procedure are ample and significant. It was not done until we had received the advice of some of the most scientific men of this country, but wherefore it was done had better remain hidden from the public.

If that little clique of chemists who gang about Yale College, suppose that they are the exponents of American science, they certainly labor under a delusion as profound as it is ridiculous. The American people will tolerate aristocracy in nothing; but when a gang of men who have really given us nothing by which we may judge of their erudition, attempt to foist themselves upon the public as the aristocracy of science, then it behooves really scientific men to expose their charlatanism and pretension to the public. We learn from some of the ablest savants in the South, that this exposure will be as truthful as it will be effectual.

This Benjamin Silliman, jr., is not unknown in the West, for he flourished amongst us awhile, and then disappeared. Under the prestige of his father's name, he obtained the chemical chair of one of the Louisville medical colleges. He retained it, however, only a brief time; his father's patronymic being the only virtue that he brought into the school. As he, soon after his appointment, left the college with precipitation, and yielded his chair to one far his superior in chemical knowledge, neither would the reputation he brought here ever recover any thing by returning to the city he so ignominiously deserted. This, we believe, is the only scientific achievement that this gentleman ever accomplished, yet, with a pretension which is as ludicrous as it is bold, he thrusts himself upon the patience of the readers of his father's Journal, and essays to write a critique upon one of the ablest works upon chemical science extant! In a future article, we shall exhibit the charlanancy of this man, by extracts from, and remarks upon, the work he has compiled.

To Grow Beautiful.—Cultivate kindly sympathy and forbearance, with increasing love to God and man.

Part 2–Progress of Medical Science

APHORISMS ON THE HYGIENE AND NURSING OF INFANTS.

[From the last edition of BOUCHUT'S "*Traite Pratique des Maladies des Nouveaux Nes et des Enfans a la Mamelle.*"—Translated by J. C. R., Dayton, Ohio.]

The child should be subjected to Hygienic regulations from its cradle, in order to sustain its constitution if it is good, and in order to ameliorate it if bad.

We must combat, in early infancy, the scrofulous, gouty, and syphilitic dispositions inherited from the parents.

A man with impure blood should never think of perpetuating his race.

A woman who becomes *enciente*, should renounce those habits, pleasures, and fatigues, which may exercise an evil influence upon the health of the fœtus, if she wishes to give birth to a healthy child.

Denial of the unreasonable caprices of a pregnant woman can not have any influence upon the health of the infant.

A woman can and ought to nurse her child, if she is in good health, and if her parents or immediate relations are not scrofulous, consumptive, or cancerous.

There are women of good constitution unable, nevertheless, to nurse, for their milk is small in quantity, badly elaborated, and dries up from the slightest causes.

A woman in whom the mammary secretion is very active, previous to her accouchment, is almost always a good nurse.

A mother who nurses, can commence six or eight hours after the birth of the child.

A woman who nurses, should not suckle the child oftener than every two hours.

An infant that takes the breast at regular intervals, sucks with more avidity than others, and drains the breast of all the milk it contains—and it is the part last obtained which is the best, as it contains more cream than the first parts of the flow.

Between eleven o'clock at night and six or seven in the morning, a good nurse need only suckle the child once.

It is dangerous to take, for a hired nurse, a primiparous woman; she is necessarily inexperienced.

A good nurse is from twenty to thirty-five years of age, with brown hair, the gums bright red, the form inclined to *embonpoint*, the breasts well formed, firm, and marbled with bluish veins.

A nurse should not have any mark, recent or ancient, of scrofula or syphilis.

The milk yellowish in the first months after birth, and bluish white afterwards, is an alkaline emulsion formed of water and solid principles dissolved or suspended.

The butter is only suspended in the liquid; the other principles are dissolved.

The milk should be abundant to be profitable.

The first part of the milk drawn from the breasts is serous, the second part is thicker, and it is the last part of the draught which is the richest and the most charged with cream.

The milk (examined by the microscope) should be filled with globules, numerous, tolerably large, and well formed; for small globules, resembling dust, are a sign of its bad elaboration, and of its insufficiency.

Too few, or too many globules, are equally injurious.

The milk varies in its composition, according to idiosyncrasy, temperament, constitution, the time elapsed since the accouchment, the time since the last repast, the regimen of the nurse, the action of the genital organs, etc., etc.; but the differences are not so great as to modify the precept: "If the infant thrives, then the milk is good."

The milk is altered in composition by the febrile state, and by acute and chronic diseases.

Fever diminishes the quantity of milk, reduces the number of its globules, and concentrates its solids in a smaller proportion of water.

The effect is the same in different degrees, in all acute affections, and in some chronic ones.

Pus is sometimes mixed with the milk, in cases of abscess of the breast.

The influence of diseases upon the composition of the milk, is not special and specific, for they all have the same effect, which is the same as that of fever.

The milk of a healthy nurse, which is too rich, or too highly charged with solid elements, is indigestible, and causes diarrhea.

Milk altered, reduced and impoverished, by fever or by disease, also causes diarrhea.

Milk altered in its composition by fever or disease, does not always exercise an injurious influence upon the health of the child.

Whatever may be the cause of alteration in the composition of the milk, the result is always the same for the infant; the accidents which arise have always for their seat the digestive canals, and diarrhea is always the consequence.

Milk which does not present any alteration appreciable to chemical analysis, may yet be altered in its intimate elaboration in such a manner as to make it an injurious aliment.

Spasms, or instantaneous convulsions, result ordinarily from changes caused in the secretion of milk by mental affections, too lively emotions and impressions, agreeable or painful, experienced by the nurse.

Mental impressions dry up suddenly the secrecion of milk, or modify seriously the proportion of its solid elements.

The happiness which a woman feels in fulfilling her duties of nurse, is the cause of the internal sensation, at the moment she is going to nurse the child, known as the *draught.*

The premature return of menstruation in a nurse modifies slightly the chemical composition of the milk, and injures its elaboration; but if the infant does not appear to suffer, which often happens, the nurse may be retained.

A nurse should abstain from sexual intercourse, if she experiences great excitement.

A nurse should likewise abstain through fear of pregnancy, which modifies the milk in quantity and quality, so as to render it injurious to the child.

A change of nurses has no injurious effects, when necessary to replace a poor one by a better.

The nurse should be changed as often as may be necessary.

Suckling, by mother or nurse, may give place to artificial feeding.

Feeding by the nursing-bottle is far inferior to suckling, although when well carried on, it sometimes yields highly satisfactory results.

Artificial food should be administered, during the earliest periods of life, by means of the nursing-bottle, filled with tepid milk, diluted with barley-water, or oat-meal gruel; afterwards with milk alone.

An infant needs nothing more than milk during the first months of life. At the age of six months it may commence to take light soups.

Greasy articles of food should not be given until after the first year.

The time of weaning should be fixed between the twelfth and twentieth month.

One of the periods of repose in the progress of dentition, should be chosen for weaning—that which comes after the appearance of the first twelve, or of the first sixteen teeth.

Weaning should be commenced by keeping the child from the breast during the night.

After some weeks' separation from the mother at night, the child should be denied the breast in the day-time also, and it thus arrives at an independent existence.

Infants and children should be carried into the sun-light and open air, in all kinds of weather.

Clothes which fit the body, without constriction, are preferable, in all weathers, to loose ones, which expose different portions of the skin to the cold.

Infants should be washed in tepid water every day, and as they become habituated to it, in water nearly cold.—*Western Lan.*

IODISED GLYCERINE IN VARIOUS DISEASES OF THE SKIN.

BY DR. RICHTER, OF VIENNA.

This solution is prepared by dissolving one part of iodide of potassium in two parts of glycerine, and pouring this liquid on one part of iodine, which it dissolves completely. This solution has the great advantage over alcoholic solutions of not drying; in consequence the surfaces remain supple, and the action and absorption of the iodine continues for a long time. To use the solution it must be spread upon the diseased parts and covered with gutta percha paper to prevent the evaporation of the iodine, and to augment the perspiration of the parts which have been touched. The apparatus is left untouched for twenty-four hours and the degree of the reaction regulates the further application, as for example, bathing with cold water and fresh application. The iodised solution occasions pain, which varies in intensity and duration, according to the state of the diseased part and the sensitiveness of the individual. There has, however, never been any general inconvenience. On removing the apparatus, the healthy skin has become brown and the diseased portions paler colored than before. On ulcerated surfaces, no trace of iodine will be found two hours after its application. Sometimes the action has been sufficiently powerful to produce *phlyctene.*

The results of Dr. Ritchter's experiments is, that this tincture acts as a caustic; that it has a really heroic action in cases of lupus; that its efficacy is remarkable in non-vascular goitre, scrofulous ulcers, constitutional syphillitic ulcers; doubtful in primitive chancers and eczema, and *nil* in psoriasis. The following is one case of lupus cured:—

A man had been troubled with hypertrophic lupus from his childhood; his face was utterly disfigured, ulcerated in several places, and in which two holes represented the eyes, and a circular opening the mouth. The skin of the neck was so much thickened that there was a straight line from the chin to the sternum. To diminish the pain of the application of the iodised solution on so extensive a surface, it was divided into two portions, first the neck and lower jaw, and after their cure, the rest of the face. Each application occasioned pain for about two hours, and from the very first iodine was found in the urine in large quantities. The hypertrophy diminished by degrees, the ulcer became covered with a very thin epidermis which gradually thickened and then became small flat cicatrices. Fifty-five cauterisations in the space of three months sufficed to produce a complete and unhoped for cure.—*London Chemist, from Weiner Med. Wochens-schrift.*

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SCARLET FEVER—WHY SO DESTRUCTIVE.

The awful mortality that legitimately follows upon the Allopathic or poisoning course of practice, is perhaps no better illustrated in any form of disease with which our poor humanity is afflicted than in that of scarlatina.

At the astonishing number of deaths attributed to it in all our large eastern cities during the present winter, the public press expresses its horror and asks in vain, "is there no remedy?" But society is so wedded to old customs that it seems to be impossible to satisfy it that the greater part of this destruction is the result of the practice taught in a majority of the medical colleges of the country. It is true that many of the leading papers of the country have warned the people that mild and simple treatment was the best in this form of disease, but they have not the fearlessness and independence to come out boldly in denunciation of what many of them know to be the most horrid unwarrantable murderous quackery.

Experience has abundantly demonstrated that no treatment (Homœopathic) is, negatively, much better in this (and in nearly all other forms of disease) than poisonous (Allopathic); and that the true course of treatment in all cases is the happy medium, just between these two extremes; which is efficient yet innocuous medication.

According to the best statistics in our reach, the Allopathic or poisoning—"*ubi virus ibi virtus*—part of the medical profession lose *fifty* per cent, of all their cases of genuine scarlatina; while homœopathists lose but *twenty*, and reformers but *eight* per cent. Indeed some of our practitioners have practiced medicine for twenty years and treated hundreds of cases and never yet lost a patient!

With these facts before the public—and they have been forced upon them again and again—is it difficult to trace this mortality to its true cause? Not at all. The difficulty lies in the public and the public press who close their eyes to the facts, and like timid truckling slaves, they fail to cry out against the monstrous impositions that are heaped upon them by the masses of a deeply interested, proud and vainglorious profession. Let community groan on then under these tortures until the controllers of public opinion acquire virtue and independence sufficient to nerve them to the task of the redemption of humanity from the terrible curse of a poisoning profession.—*Mid. States Med. Reformer.*

STUDYING MEDICINE.

Fears are entertained that the medical profession is becoming over-stocked. Correspondence and conversational intercourse indicate that sentiment to be on the increase. Hundreds or more young gentlemen are annually graduated doctors of medicine—a third of whom, at least, can not find employment. With the best educational preparations, there may be a deficiency of that essential element in any department of industry, tact, which will account for the poor success of some persons as medical practitioners.

Examples are abundant of the thriving business of individuals who have a peculiar power of adapting themselves to society, but whose professional attainments are not of the highest order. A consciousness of their own limited knowledge prompts them to redoubled energy, and they generally succeed admirably; while the very accomplished medical scholar, relying upon his stock of scientific attainments, equal to any emergency, is over-looked by the people, from whom a support was expected, because they have no passion for patronizing a man who appears, from his general bearing, to consider them as very inferior beings.

A physician who cannot adapt himself to the society where he locates, cannot become established. In doing this, no departures from the elevated standard of a gentleman are required. A kindness of manner, without servility, and a proper attention to those who may have good hearts, honest aspirations, with rough exteriors, win the way far more successfully, than haughty indifference, and marked deference to a few leading families. Here lies the concealed rock upon which the ship of hope is foundered.

There are young physicians who meet disappointment at every turn. They change places without bettering themselves, because the barrier to their success belongs to an unfortunate mental organization. Like Dr. Watts' description of the agonies of sinners—"They change the place, but keep the pain."

With erudite qualifications to meet all the responsibilities of an arduous profession, if there are no moral powers of adaption, combined with an innate sympathy, or, in other words, a pleasant show of every-day humanity, it is useless to attempt to practice. This is not a country in which physicians are permitted to dragoon patients into having a medical adviser against their will. There are infinite shades of physicians, the representatives of all imaginable theories; and the sick and their friends exercise an exclusive right of calling on whom they please, and they cannot be persuaded or driven by argument from the exercise of this prerogative.

For agreeable, gentlemanly candidates for medical enterprise, there is room, and there always will be places for them, when the population has been increased ten-fold beyond the present census. But those who cannot bear with the weakness, the frailties, the misfortunes, or the bad grammar of the masses, and without hesitation show their contempt for those of the fraternity less fortunate than themselves, in not having been early in life schooled in the mysteries of the toilet and the drawing-room, cannot succeed. Those of that forbidding temperament ought not to have studied medicine. They leave it ultimately, in disgust, and engage in other pursuits, in which they are less exposed to just criticism. The other classes are not so numerous as to stand in the way of each other's prosperity.—*Medical World.*

CHLORATE OF POTASH IN MERCURIAL STOMATITIS.

M. Demarquay (*Bull. Gen. de Thérap.*) relates six cases in which chlorate of potash succeeded rapidly in curing the stomatitis arising from the action of mercury. In one case, where the mercury had been used for a syphilitic affection, two grammes of this salt given four four days removed the stomatitis, and on resuming the mercurial treatment, and conjoining it with chlorate of potash, salivation did not re-appear. The harmlessness of the salt is well known. M. Gustin took eight grammes, but did not find the urine increased; a sense of constriction in the mouth and some roughness of the gums were produced, and although the saliva was not sensibly diminished, yet it appeared to him more liquid than usual. He has established the fact, that the chlorate is in great part discharged unaltered by the urine. When the salivation has recently commenced, two-gramme doses suffice to check it; but when it is intense and fully established, the dose must be increased rapidly to five, ten, or fifteen grammes. He advises, also, the conjoined use of an astringent wash for the mouth.

NEAR-SIGHTED.

Persons living in cities begin to wear glasses earlier than country people, from the want of opportunities of looking at things at a distance. Those who wish to put far off the evil day of "*spectacles*," should accustom themselves to long views. The eye is always relieved, and sees better, if, after reading a while, we direct the sight to some far-distant object, even for a minute. Great travellers and hunters are seldom near-sighted. Humboldt, now in his eighty-seventh year, can read unaided. Sailors discern objects at a great distance with considerable distinctness, when a common eye can see nothing at all. One is reported to have such an acute sight, that he could tell when he was going to see an object. On one occasion, when the ship was in a sinking condition, and all were exceedingly anxious for a sight of land, he reported from the look-out that he could not exactly see the shore, but he could pretty near do it.

MURIATE OF IRON IN ERYSIPELAS.

Henry S. Firth, M. D., reports through the New York *Journal of Medical Reform* a number of cases of erysipelas successfully treated by the tincture of muriate of iron. Premising with an emetic of ipecac and lobelia, followed by a purgative of leptandrin, and jalapin, he ordered two drops of the tincture in water every two hours. The cures were perfect in from five to six days.

Part 3.—Editorial.

THE PROGRESS OF ECLECTICISM.

It is with feelings of no ordinary nature, that we note the progress of Eclecticism. The several thousand physicians who have received their medical education in the halls of the Eclectic Medical Institute, of this city, are by no means idle. With an indefatigability of purpose, which we believe belongs exclusively to the Eclectic profession, this body of noble men, with the cynosure of Right and Truth before them, are constantly progressing onward, and not only adding greatly to our materia medica, but are adding daily other physicians, their compeers, to the great Eclectic body. There was a day, and that not very far off, when the Allopathic profession was regarded by the Eclectic as its most formidable and inveterate foe and antagonist. But how the scene has changed! It is from the Allopathic ranks that we are now receiving our most valued and learned colaborers. As it is the most independent and thinking physician who is most prone to break through the fetters of bigotry, and by the force of observation and reasoning, to traverse the wide fields lying beyond the Allopathic fold, so must it be those very persons who come to us from the narrow field of Allopathy. It only requires that thought, free and untrammeled, shall for a time exercise its inalienable right, that the old fogy of to-day may be the free and unfettered Eclectic of to-morrow.

The "regular" physician of Europe resembles the Eclectic of the United States much more closely, in his practice, than what is termed the regular physician of this country. It is seldom that the more enlightened European physicians resort to the lancet, or to the poisonous mineral drugs so profusely and universally used by the "regulars" here. This we know by an intercourse of several years with some of the most illustrious physicians of Europe. They are repudiating these destroyers of human life, and resorting to the more simple means of the American Eclectics. As the human mind continues to progress, so will Allopathy approach Eclecticism, until finally the entire profession, the world over, will have adopted that enlightened method of practice which has been so auspiciously begun by the Eclectics of the present day.

When we look over the statistics of the Eclectic medical profession throughout the United States and the Canadas, we are as surprised as we are gratified at the great result which the last decade has brought forth. There is scarcely a county in the States or Canadas, but that contains its Eclectic physician, who is universally a busy, active, intelligent gentleman, devoted to his profession, laboring day and night to perfect himself in the intricate science of curing disease; and while he is saving his large per cent. over Allopathy, he is obtaining but one-half price for it. With such men as these for our van guard, the great army of Eclecticism will press onward to continued victory.

THE VALUE OF CLINICAL INSTRUCTION.

No person at all cognizant of the subject will deny that a chemical experiment will impart more instruction, and leave a more permanent impression upon the mind, than all the labored description of it that could ever be given. As it is with the chemical experiment, so is it with the actual illustration of disease at the bedside. Half an hour spent with a patient laboring under a certain disease, will impart to the student more real information in regard to that disease, than a volume written upon the subject could possibly do. In a word, the value of clinical instruction cannot be over-estimated, for it is practical knowledge, and such as no student can possibly dispense with.

No chemist is considered accomplished

in his profession until he shall have gone into the laboratory, and there acquired, by actual practice, a true knowledge of the various processes and reactions incident to the preparation of the various substances which come under his cognizance. It is the practical knowledge which makes the chemist, for he might read his books for a lifetime, and still he would be no chemist, without having served his time in the laboratory.

We have presented the case of the chemist as an illustration of clinical instruction to the physician; for the bedside, too, is the laboratory of the latter, where he shall be necessitated to acquire his practical knowledge, ere he makes an accomplished physician, or even one worthy to be trusted with the management of any case.

It is therefore obligatory, that the medical student shall devote a portion of his time to that solid information only to be gained at the bedside; for it is this knowledge which will come to his aid when death is hovering about his patient, and when all other branches of human knowledge will be of no avail. Other branches of medical knowledge are necessary to accomplish the physician, but clinical instruction is indispensable.

THE FUNERAL OBSEQUIES OF DR. KANE.

The remains of this Arctic explorer reached this city on the morning of the 7th of March, when the various societies and military companies, which composed the procession, formed into line, and after traversing some of the principal streets of our city, conveyed the remains to the depot of the Little Miami railroad. The procession was an imposing one, and was quite appropriate to the occasion.

We think that the manner in which Dr. Kane's remains were received and conveyed through our city to their starting place, was imposing and proper; but while there is being such attention shown to the dead, should there not be some extended to the living? Dr. Kane is not the only person who went upon that Arctic expedition. There were others who shared equally with him its dangers and its hardships, and are equally deserving the honor shown to Dr. Kane. Perhaps many of these survivors of the rigid Arctic winters, are now in actual want, and with families dependent upon them for support. It behooves those who are paying such well merited tribute to the remains of Dr. Kane, to devote some of their time and means to the alleviation of the necessities of the living. Let it not be said that our veneration for the Arctic explorer commences only with the termination of his life, but let us, now that the attention of the public is directed in that way, continue the sentiment arroused, by directing it to the survivors of that great expedition.

DRAPER'S PHYSIOLOGY.

This is one of the many excellent works that should be found in the library of every physician. No matter what may be said of Prof. Draper's style of treating this important branch of science, it must be admitted by all intelligent men, that the work, in the aggregate, is not only an honor to the author, but to the American medical profession. It may be justly said to be the best work on the subject, for the student; and to the mature practitioner, it will be found to be replete with valuable matter. Its subject matter is well arranged, and its illustrations executed in the highest style of the engraver's art. The Messrs. Harpers deserve great credit for their part of the work, which in the mean may be said to be a model of typographical neatness.

That portion of the work (book 11) which is devoted to the Dynamics of Physiology, is of singular interest, and should receive, as it will, the especial attention of the non-medical, as well as medical public.

In this department he has enlarged the boundaries of the science, and shown how it is that all history is but a chapter of human physiology. We have seen allusions to defects in the work, but it is never hard to find croakers, who would have the public believe that no one knows so much as themselves. It is sometimes really amusing to see ignorant men attempting to criticise the works of men who stand at the head of the profession to which they belong. Whoever spends $4.50 for this work, will make a good investment of his money, and if he studies it, he will be a better physiologist than he was before.

CONCENTRATED COMPOUND STILLINGIA ALTERATIVE.

Among the many improvements in pharmacy, by which we have had the good fortune to profit, none have afforded us more satisfaction than the employment of the concentrated tinctures prepared at the laboratory of B. Keith & Co., New York.

We wish especially, at this time, to refer to the Concentrated Compound Stillingia Alterative, as prepared by them. Many years' experience in the use of the compound preparations of Stillingia, enables us to speak somewhat authoritively in regard to their *remedial value*, and of the *reliability* of the various compounds, when prepared by different methods. Simple tinctures we have long held to be unreliable, as not possessing that great *desideratum*, uniformity of strength; and syrups we have frequently found to be nearly inert, or at least to be of *negative* value, in consequence of producing *no effect at all.*

Our knowledge of these *facts* long preceded our knowledge of the *cause;* but late researches in organic chemistry have enlightened us, and demonstrated the fact, that a combination of causes tend to the production of these results. Although statements explanatory of this subject have frequently appeared in our columns, we desire briefly again to allude to it. Analyses of different samples of the same plant, grown in different localities, have exhibited a variable yield in the quantity of active principles resident in the plant, demonstrating clearly the modifying influence of climate, soil, season, &c. Thus, in one instance, the yield of active principles from one pound of any given crude substance, will not exceed one drachm, while from another sample the yield will reach eight drachms to the pound, and still the educts will be equivalent in medicinal strength, grain for grain. Here we observe a great discrepancy. Suppose that from these two samples of crude bark, or root, simple tinctures be prepared in accordance with recognized formulas. A practitioner accustomed by priority of *accident* to the use of the first, learns by observation its apparent therapeutic strength, is enabled by experience to graduate the dose, and to predicate its probable physiological effects. He esteems it a kind and efficient remedy, and controllable in its exhibition. The tincture bottle exhausted, the manipulations of the pharmacopœa are complied with for its replenishment. This time, grown in a different soil, indigenous to a different latitude, gathered at a different season, and having been subjected to peculiar meteoric influences, the plant is enriched many fold with therapeutic constituents. The same *physical* proportions are observed, and, at the expiration of the duly prescribed time, the result is supposed to be complete. Again do indications present for its exhibition, but the practitioner is surprised at the violence of its action, and suspends its use. Ask him now why it so affects, and he will probably tell you that it is owing to some peculiar *idiosyncracy* of the patient. Again and again he tries the remedy, yet in each consecutive case the same phenomenon follows. He now discards the idea of *idiosyncracy*, and comes to the conclusion that it is an unsafe remedy, consequently strikes it off his list of medicines.

On the other hand, let the position of things be reversed. Familiar with the use of the remedy when the maximum of therapeutic power is present, he rightly adjudges the dose and the effect. His stock exhausted, it is replaced by a preparation of much inferior power. He no longer witnesses the same promptitude and efficiency of action, and knowing not the cause, the remedy, with him, goes into disrepute. Now he will denounce a remedy as feeble or inert, which before held a high position in his confidence. Thus arises a contrariety of sentiment among practitioners, in regard to the remedial value of many articles of the materia medica.

The same fact holds good in relation to syrups, together with other and weighty objections. In the manufacture of syrups, although the ligneous matter is gotten rid of, yet are the starch, grape-sugar, tannic acid, &c., retained. Here then, we have agents, which, being liable to a slow but certain acidifying disintegration, effect a chemical destructive decomposition of the therapeutic principles held in solution. Resins, resinoids, and neutral principles are effectually decomposed, while alkaloids are held in solution, and their manifestation of therapeutic power thereby negatived. We, with many others, have often had occasion to remark the discrepancies in the remedial action of the Syr. Stillingia, comp.. In the Con. Comp. Stillingia Alterative, above referred to, we have it in a form entirely free from objections. The utmost yield of active principles having been ascertained by repeated analyses, from a given weight of the articles entering into its composition, the manufacturers are no longer governed by a specific number of pounds, but by the amount of active principles actually yielded. The same manipulations are observed in the procuring of these principles, as in the case of those prepared in powder; with the exception of the drying and pulverizing processes. Being separated from their combination with all extraneous and non-medicinal matters, *all* the principles being secured, they are then re-dissolved, in *exact proportions*, in alcohol of *uniform per centage.*

Here, then, we have a preparation, which, as in the case of the concentrated powders, is purely therapeutic in its constitution. In its relations to the crude articles from which it is prepared, it stands as their *concentrated equivalent*, entirely free from non-medicinal and fermentescible matters; it is secure against change or deterioration in any climate, and for an indefinite period of time. And more than all, a certainty and uniformity of composition is secured, which is in no other way attainable. Portability is also another consideration not to be lightly estimated. Within the boundaries of a fluid-ounce, we have the entire therapeutic power of two quarts of the ordinary Syr. Stillingia Comps., when said syrup is of maximum strength. Instead of spoon and wine-glassfulls, we give drops. Instead of frightening our patients with quart bottles, we furnish them with as much *medicine*, (but not *groceries*,) in an ounce vial, which they can conveniently bestow in their vest pockets.

The formula of this compound is as follows:

℞ Rad. Stillingia sylvatica,
" Corydalis formosa,
" Phytolacca decandria,
" Iris versicolor,
Cort. Xanthoxylum fraxineum,
Fol. Chimaphila umbellata,
Sem. Cardamomum.

It will be seen that it varies slightly from other similar preparations, Phytolacca decandra being substituted for the Elder flowers. We have found it very efficient, as far as used, in fulfilling all the indications for which the syrup is exhibited. Dose, from one to five drops.

HEALTH OF THE CITY.

Where two hundred thousand people are living together, it would perhaps be impossible to find universal health. This city, at the present time, is as near that condition as it is possible for it to be. There is very little disease of any kind existing among us, but health appears to be the blessing of all. There are perhaps, *ceteris parabus*, few cities in this country, in which the people enjoy more universal health than in this. While it is exempt from the violent diseases of the South, it is equally free from those peculiar to the North. We would certainly advise any medical man who may premeditate removing to this city for the purpose of practicing his profession, to select some other city, where the people enjoy less health. If he comes here he will starve, or at least, as is the case perhaps with many of the physicians already here, he will get so poor that he can not raise the means to get away.

THE USE OF CONCENTRATED MEDICINES BY THE ALLOPATHIC PROFESSION.

It was only a few years ago that the Allopathic physicians condemned in the strongest tones the concentrated medicines discovered and used then exclusively by the Eclectic profession. No language was too strong in condemnation of these preparations; and when this failed them, the potent weapon of ridicule was resorted to for the purpose of depreciating these medicines with the profession. All of this, as might be anticipated, failed, for still the concentrated medicines of B. Keith, & Co. and others, continued to sell. After having failed in this effort to retard the spread of the Eclectic preparations, the attention of some of the least prejudiced of the Allopathic profession was directed to them. Thus they passed into the ranks of the Allopaths, and there they have been gaining ground, until the sales of the firm of B. Keith & Co., to the Allopathic profession, is about as great as those to the Eclectic.

It will not be a great while before the concentrated preparations will be used by the Allopathic, as well as the Eclectic profession, to the exclusion of all other medicines; for their uniformity of activity, and therefore their great reliability, will recommend them to any unprejudiced person at all competent to judge between a good and a bad medicine.

Although there are many in the Allopathic ranks, who are too bigoted and narrow-minded to try a preparation, because got up by an opponent, still there are many who will not hesitate to become Eclectics, by practising their motto of trying all things, and holding on to the best. These are the men who have already adopted the concentrated medicines of the Eclectics. They are bold, independent thinkers, but little inclined to be circumscribed by the narrow medical boundaries, which some colleges would force upon their students.

DEATH OF DR. I. G. JONES.

It is our painful duty to announce the death of Ichabod Gibson Jones, M. D., formerly a Professor in the Eclectic Medical Institute, and an early and zealous advocate for medical reform. For the last twenty years, Dr. Jones had been a resident of Columbus, where he had built up a large circle of friends, who will, in common with the medical profession, mourn his loss. As a physician, Dr. Jones stood deservedly high. He died at his residence in Columbus, on the 14th of March. Want of space compels us to defer any lengthy notice at this time.

DONATIONS TO THE LIBRARY AND MUSEUM OF THE INSTITUTE.

We have received, from publishing houses in New York, editors and authors, valuable books, which will be noticed in detail, in the next number of the Journal. We have also received some rare specimens for our museum, which, with the donators, will also be noticed. Now let our physicians, and all friendly to the Institute, contribute such specimens and books as they can, and in a few years we will have one of the finest collections.

THE

ECLECTIC MEDICAL JOURNAL.

FIFTH SERIES, VOLUME I. MAY, 1857. NUMBER 5.

Part 1—Original Communications.

A CHAPTER ON TEA AND COFFEE.

BY PROF. J. MILTON SANDERS.

Perhaps there is no subject which involves a greater degree of interest, than that which captions our article. These beverages, which are consumed by Europe and America alone to the amount of eighty millions of pounds of the one, and sixty millions of pounds of the other annually, do certainly call for the serious attention of the chemist, as well as the physiologist, not to mention that of the political economist. But it is as a physician, that we shall take cognizance of this subject, and leave its other relations to those who may regard it as a legitimate subject for political economy. Certainly no subject of a more serious or instructive nature could come beneath the attention of the inquirer, than two substances which are daily taken by even the poorest in Christendom, and which constitute the daily beverage of all females and children, howsoever delicately constituted they may be.

Tea and coffee act solely upon the nervous life, and therefore they act as a strong stimulus. This particular quality proceeds from the presence of a salt termed *theine*, if taken from tea, or *caffeine* when taken from coffee. But it is the same alkaloid, consisting of the same constituents combined in the same proportions, and acts similarly upon the system.

Liebig, who probably is possessed of the hardy system peculiar to the German, contends that the nervous life requires a strong and constant stimulus, in order to preserve the wear and tear which it is subject to through life. This is the belief of the Germans, if we are to judge from their daily illustrations, for that nation is significantly the nation of ardent spirits and tobacco. It is only after the habit shall have been acquired, that the nervous system requires stimulus to preserve its integrity. But that nervous system which has never resorted to stimulus, in order to preserve its equilibrium, requires none. As well might Liebig contend that the system requires tobacco, as tea and coffee, or that it needs must be kept constantly under the influence of opium. If we acquire a habit, the system will contend for that habit, as the tobacco chewer constantly desires his quid of that disgusting weed.

The system of the German is unlike any other upon the face of the globe. It is peculiarly phlegmatic, and hard to arouse. His nervous system is very obtuse, and his brain difficult to start into activity, although when aroused it proves well organized, and susceptible of profound thought. The German has thus resorted to stimulus as a national trait, for stimulus upon the Teuton does not exert the injurious effects that it would upon the Anglo-Saxon. The nervous system of the latter race is more delicately organized than that of the German, and therefore stimulus is more liable to exert upon it a baneful influence.

But while the active stimulus of theine exerts a strong influence upon the nervous system, still that action does not appear to exert the baneful influence that the narcotic stimulus does. For instance, tea, although it contains equally as much theine as does coffee, does not exert the pernicious influence of coffee; for, while tea contains no narcotism, coffee contains a narcotic principle which is the father, the originator, of sick-headache.

Let the composition of theine or caffeine be compared with those kindred alkaloids which act upon the nervous system as frightful poisons—with strychnine, brucine, and aconitine. The composition of these bodies is very complex, and differ from each other but slightly. Their action is upon the nervous life alone, and not dissimilar to each other, although theine is what strychnine, brucine, and aconitine would be in minute doses. Will the reader contend that continual doses of the above frightful poisons can exert no pernicious effect upon the system? If they will, then will tea and coffee, especially the latter. The reason that coffee is more baneful in its effects, is because of the narcotic principle which it contains, and of the peculiar empyreaumatic oil generated during the roasting process. This oil is one of the strongest antiseptics we have. A few drops of it will entirely suspend digestion, and force the stomach into a state of passivity for several hours. Therefore, no person with weak digestive powers should touch coffee, or the inevitable result of retarded or suspended digestion will ensue, viz.: sick-headache. That coffee is pre-eminent in suspending digestion was demonstrated lately in the most decisive and striking manner, in a case of gun-shot wound, in which the living stomach was so torn open that the digestive process could be discovered and followed for hours. A cup of coffee invariably suspended digestion for from one to three hours. During that time he food passed into putrefactive fermentation, when sick-headache was the invariable concomitant.

I believe as firmly as I do any invariable law of nature, that coffee and tea (and especially the former) are the originators of headache. Before these beverages came into general use, we heard of no such complaint as headache, together with the long train of nervous and stomach complaints incident to coffee. Invectives against the use of ardent spirits are well enough, but yet the latter do not injure the health more than the former, nor yet so greatly, if the person possesses that nervous idiosyncracy peculiar to a great majority of the females of these latter generations. The sick-headache might, with great propriety, be termed the *coffee disease*, for I have known but few persons who did not recover from it when they desisted entirely from the use of coffee. Tea, when taken weak, is not so injurious, for it is devoid of the narcotism of coffee, and of its empyreaumatic oil. Even if it is taken, it should never be imbibed while hot, but should be cooled down to the temperature of the blood before being swallowed.

As an argument in favor of coffee, I have been frequently referred to aged persons who have drunk it all their lives. I have known persons who have been regular drinkers of ardent spirits for half a century, yet who still survive. Those persons who can endure the narcotism and antiseptic properties of coffee, are generally individuals of the "old school," who were raised in the forest, who consumed their lives in great activity, exposed to the weather, and encountering the vicissitudes and labors incident to a new country. They have strong constitutions, strong digestive powers, with a sufficiency of vital force to waste in contending against any poison that may be ingested.

Not so the lady of the present time. She is more delicately organized, and more susceptible to nervous stimulants, and accordingly is more open to the baneful influence of narcotism, or to antiseptics that suspend digestion. What could be taken with impunity by our grandmothers, are poisons to us; for, while they were raised to vigorous physical exercise out doors, we are subject to equally vigorous mental exercise within the heated, ill-ventilated room. They were vigorous and healthy, with a superabundance of vital force, while we are anæmic and weak, with scarcely sufficient vital force to carry on the necessary functions of life. From careful trials, carried on for several years upon myself and others, I have been irresistibly led to the conclusion, that tea and coffee (and especially the latter) are the great promoters of head-ache. They are the originators of it, and so long as their use is persisted in, so long will these dreadful complaints continue, and also the long train of nervous debilities which belong so peculiarly to the people of these latter days.

I am well aware that it is superfluous to write against a habit which has become so inveterate, and apparently indispensable, as that of drinking tea and coffee. People will imbibe it, despite all that may be said against it, for habit is a despot of the most inexorable nature. As this is the case, we must anticipate nothing else than the human race will retrograde physically, until hereditary diseases will annihilate the race, or until necessity compels man to reform many of his habits.

Cincinnati, March, 1857.

THREE CASES OF PUERPERAL FEVER SUCCESSFULLY TREATED BY THE TINCTURE OF GELSEMINUM.

BY DR. J. A. HENNING.

This is one of the most dangerous forms of disease to which the female is liable. This fever generally occurs two or three days after delivery; sometimes, however, it does not attack the patient for ten or twelve days after delivery. The tincture of gelseminum is undoubtedly the best febrifuge, and the most reliable remedy in this fever, that I have ever used. It will generally arrest the disease in from one to two days. The following cases are taken from my note-book:

CASE I.—Mrs. J. W., aged 24 years, was in her third confinement, on the 14th day of November. She was delivered of a fine healthy boy. The labor was a natural and ordinary one. On the 18th I was called to see her. Upon examining the patient, I found she was laboring under a great deal of febrile excitement. She had a severe chill the day before, as she remarked, with an intense pain across the forehead. Pulse frequent, small, and wiry, beating 120 per minute; a great deal of uterine tenderness, or pain, especially on pressure over the iliac and hypogastric regions; the tongue was moist and covered with a white or cream-like film, but red at the edges; the lochial discharge was lessened in quantity; the secretion of milk was suspended, and the mammæ had become flaccid; the urine was high colored, with some difficulty in voiding it; bowels constipated; the abdomen had become swollen and in a tympanitic condition.

TREATMENT.—I ordered sixty grains of the compound powder of jalap, combined with ten grains of the bitartrate of potassa, in two potions, one to be given every hour. In one hour after the above was taken, I ordered the tincture of gelseminum, in fluid-drachm doses, to be repeated every hour, until the patient become under the influence of the gelseminum, which was known by inability to open the eyes, clouded vision, &c.* It generally requires only from two to three doses. Apply fomentations of equal parts of hops and tansy over

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[* It is a great pity that there is no officinal preparation of this excellent medicine. It is of different strengths, as made by different houses. The "tincture" spoken of by Dr. Henning is only a weak tincture, and though an excellent medicine, is not to be confounded with the original tincture, the dose of which was thirty drops, nor the concentrated tincture, the dose of which is from five to ten drops in water. The gelsemin is the form which we prefer for exhibition, as it is equally as efficient as the tincture, and of more uniform strength.—EDITOR.]

the bowels, to be renewed every hour or two; feet to be bathed in warm water and to be kept warm.

19th.—I visited her again; found her a great deal better in every respect; pulse 80 per minute, moist skin, had two alvine evacuations since yesterday; the pain across the forehead, and uterine tenderness over the iliac and hypogastric regions, had all left her, six hours after the exhibition of the gelseminum; the lochial discharge had increased in quantity; appetite moderately good. I now ordered two grains of sulphate of quinine, combined with six grains of diaphoretic powders, to be given every three hours; the comp. powder of jalap to be given during the night, if required.

20th.—Is doing well; had been sitting up some during the day. Continue taking the quinine and diaphoretic powder every four hours.

21st.—Is doing as well as could be expected. Discontinue the use of any medicine, only enemas to keep the bowels open.

Cases II and III are so similar to the preceding, in symptoms and treatment, that it will not be of any practical information to describe them.

I would recommend the exhibition of gelseminum in this fever before any other medicine, and I have found it excellent in other fevers. It will quiet all nervous excitement and irritability, equalizing the circulation, promoting perspiration, and correct the various secretions, without producing nausea, vomiting, or purging, and it is adapted to any stage of the disease. Its effects are double-sightedness, clouded vision, and inability to open the eyes, which gradually pass off in a few hours, leaving the patient in a refreshed condition. The tincture should be made of the recent root, and kept in a bottle well corked.

Dunkirk, Ind., December, 1856.

* * *

Royal College of Physicians.—Dr. Thos. Mayo has been elected President, in the place of the late Dr. Paris.

CASE OF MONSTROSITY.

BY DR. G. L. PURDY.

The following interesting case occurred in my practice, on the evening of March 9th, 1857, and from the rarity of such cases, will no doubt be of some interest to the medical profession generally. I felt vexed that I could not prevail upon the parents to consent to a post mortem examination, after I had taken a cast of the head and tumor in plaster. They would not consent to any thing but the taking of the cast. If I can get some good representations of the case, I will send one to the museum of the Eclectic Medical Institute.

I suppose the case will be classed with *spina bifida*. The origin of the tumor was from the region of the external protuberance of the occipital bone. The pedicle of the tumor was 2½ inches in its longest, and 1½ inches in its shortest diameter; its length about three-fourths of an inch. From the pedicle the tumor expanded in an almost perfect globular form, to the size of 15 inches in its longest, and 14 inches in its smallest circumference. A communication existed between the cranial cavity and that of the tumor, through a deficiency in the occipital bone. The cerebrum appeared to be very small. From the handling and fluctuation of the tumor, I think its sac was filled with serum, or at least a fluid substance.

The tumor appeared to modify or interfere with the labor but very little. The mother went, as she thought, a month beyond her time. The membranes ruptured twelve hours before the birth, and without any previous pains; and for about ten hours after their rupture, she had but four or five very slight pains. I reached her residence some two hours before the birth of the child. In making an examination, I found the os uteri pretty well dilated and dilatable, but could not reach the presenting part of the child; in its stead I touched what I then thought to be the membranes and some of the liquor amnii that had not yet been evacuated, but proved to be the above tumor. In an hour from this time, she had a pretty severe pain (the first since the examination), which brought the tumor into the vagina; in ten minutes she had another, which expelled the tumor. It was not until then that I became satisfied as to the nature of the case, for I could then discover its connection with the child's head. The head was in the left *occipito-anterior* position. Three or four pains were sufficient for the completion of delivery. The child made no effort to breathe, although the mother had felt motion three-quarters of an hour previously. The mother felt well; no exhaustion; says her labor was easier than it had been in the birth of her other children.

Salem Station, Richland Co., O.

CONCENTRATED MEDICINES.

BY A. S. CAMPBELL, M. D.

When the attention of the profession was first called to the improvements in the vegetable "*materia medica*," by chemical concentration, it was with caution and considerable hesitation, that I was induced to lay aside the old fashioned crude articles, and adopt the improved or concentrated remedies. The old remedies had been tried, and their efficiency verified. In comparison with the boasted Sampsons of the old school, their superiority had been, in my hands, triumphantly proven; it is but reasonable, therefore, that any radical change should be looked upon by me with some degree of distrust, and adopted with some hesitation. Acting, however, upon the principle that a proposed improvement, having philosophical reasoning to sustain it, is at least entitled to an investigation, I was led to give the concentrated medicines a trial, and the more I tried them the better I was pleased with their general application in the treatment of diseases, and now, after a trial of three years, with but few exceptions, I have adopted them in my practice.

It is not the design of this communication to go into an enumeration of the different articles composing the long list of concentrated medicines, or to investigate the properties of each, and its peculiar adaptation to the treatment of specific diseases, to do which would extend this article to an improper length; I may, however, be indulged in specifying a few of the leading remedies, which have proven themselves most valuable in my practice.

Let me first call attention to the *Podophyllin*, which has been longer used by me than any other. It is true, so much has already been written in regard to this article, and its superiority so generally admitted, that I can hardly expect to advance anything new or interesting on the subject, but I may be permitted to add the testimony of my experience to that of numerous others who have written before me, in favor of this valuable remedy. Few, if indeed any one remedy, has so extensive a range of application as podophyllin; and there are few diseases requiring the exhibition of articles of its class, in which it may not be properly and profitably employed. Eclectics are in the habit of writing and speaking of podophyllin as a *substitute* for calomel, and the mercurials generally. Now I object to this expression, from the fact that the mercurials produce an extensive train of dangerous effects, destructive alike to life and health, which can in no wise be produced by podophyllin it can not, therefore, be substituted for mercury in these effects, and God forbid that it should; being itself the superior article, it could be but very imperfectly substituted by mercury. Podophyllin is an invaluable remedy in all biliary or glandular diseases, the different grades of fevers, dysentery, &c. Of course the judgment of the enlightened physician, will enable him to modify its action by proper combinations to meet indications required. But I have said more on this subject than was intended.

Leptandrin is a superior article, one

which may be depended upon; in my practice its superior efficacy has been manifested in the treatment of typhoid fever, dysentery, and torpidity of the liver and glandular system. Combined with podophyllin it greatly modifies its action, without lessening its efficiency, but generally increases the beneficial effects of that article.

Sanguinarin, in my hands, has proven itself a valuable remedy; in proper combinations, it has but few superiors in hepatic and glandular diseases; its best effect is had in rheumatism, and jaundice. It forms an excellent combination in hepatic diseases, with podophyllin, leptandrin, and hydrastin.

I have never found any of the concentrated preparations of lobelia, that would answer for a satisfactory substitute for that article, *as an emetic*. Some of them answer very well as nauseants, expectorants, &c.; but even for these purposes, I prefer the old fashioned tinctures. This forms the only exception, so far as I have tried, wherein the concentration has failed to be equal in value, at least, with the article from which it is prepared. I do not wish to be understood as intending to bring the concentrated preparations of lobelia into disrepute, by no means; they are convenient and effective remedies, and the experience of others may so far differ from mine, as to justify a substitution of the new for the old preparations; if so, I would by no means object to their doing so.

As Eclectics, we are to search after *truth*, and if my experience in the use of any particular remedy forbids me to adopt it, and I happen to differ with my professional brethren, it need not follow therefore that we are to fall out about it, by no means, but let us have a free interchange of opinions on all subjects, holding ourselves open to correction, that we may arrive at the truth on all points of difference.

I might go on to speak of the different articles contained in the long list of concentrated medicines, and dwell on the special adaptation of each to its peculiar class of diseases, but this is deemed unnecessary labor. In conclusion I would say to one and all, give them a fair trial, and the result will be found both satisfactory to yourselves, and profitable to your patients.

Mount Nebo, Miss., February, 1857.

THE COMPONENTS OF MAN.

BY C. KENDRICK, A. M., M. D.

In the January number of the E. M. Journal, this subject is introduced, and both ably and beautifully discussed, under the title "Is it True?" by Prof. Bickley; and Isaac Spangler, M. D., in the same number, speaks well of the duties of the spiritual as well as the animal part of man. I see not why medical men should not go further than the body in their investigations. Allow me, then, to say a few things on the subject. Many have not examined it at all; many know only what others have said, and many, having come to conclusions from hasty or imperfect examinations, express them too confidently. Absolute ignorance and misunderstanding, or wrong conclusions, have well nigh ruled out this most interesting and important subject.

The body we can know; all beyond this is speculation, except as we refer to revelation. True, we know that man is alive, has a life or soul, but beasts have as much, the very same; and we do not fully understand life or soul, in man or beast. Even Prof. Bickley's arc for the soul, is not so well proved, I think, as some other things. But we should never think of *spirit*, if we exclude the Bible. There (1 Thess. v, 23) we learn that man has a body (*sooma*), a soul (*psuke*), and a spirit (*pneuma*). These constitute the whole man. There is no more of him. If, therefore, we understand these three, we may lay some claim to understanding man.

1. The Body.—This is the physician's common theme—his study, in its normal and abnormal conditions.

2. The Soul is the life—*animal* life. See the lexicons on the subject.

3. **The Spirit** is the deathless part of man, his mind—"the divinity that stirs within him."

There is no speculation in these definitions, and can, I presume, be no difference concerning them, unless it arise from hasty or incorrect reasoning. Materialists have argued that man has no deathless nature, because the *soul* is not deathless. They prove that souls cease to be, and that beasts have souls as well as men, and strangely conclude that they have annihilated men. Poets have sung, preachers have preached, and we all have read of the "immortality of the soul." Very well. But words have an *appropriated* as well as an *etymological* import. In the latter sense, soul and spirit are far from the same; in the former, they are *sometimes* synonymous. But this is true of other words and phrases. The Bible, and all of us, use knowledge and wisdom synonymously sometimes, as we do soul and spirit, and yet,

"Knowledge and wisdom, far from being one,
Ofttimes have no connection.
Knowledge, the mere material
With which wisdom builds,
Till hewed and squared, and fitted to its place,
Serves but to encumber what it seems to enrich."

Your Journal does not, I believe, profess to doctor the spirit, still it would be difficult to do much good to the body and soul—the legitimate business of the true physician—without spirit's minds. Indeed, experience has abundantly proved, that the mind of the patient co-operates most happily with the mind of the physician, and both with the medicine used. Let us not be afraid, then, to have some regard to spirits, as well as souls and bodies.

Doctor means *teacher*, but we apply it to a class of people who explain nothing to their patients, and are even insulted when asked what they give, or why they do or require this or that! Great is the license taken in the use of language; great the departures, in appropriating terms, from their original meaning.

Education has been too much confined to the head, to the great injury of the soul and body; and the science of medicine has been, I apprehend, too much confined to the body, to the great injury of the soul and spirit of thousands. I rejoice that morality is now regarded as an important qualification in a good physician. This result has followed the true Eclectic principle—wide grasping, critical reasoning, freely and independently using the good, wherever and however found.

And if the thought occurs to you, that there is more divinity than medicine in these suggestions, allow me to persuade you and your readers, that there is not much danger in it. Indeed, I suppose, more of the Divine presence and influence would do good, in medical journals and in the sick room, to the body, the soul, and the spirit, for time and for eternity.

Salado, Texas, March, 1857.

REVIEW OF BUCHANAN'S ANTHROPOLOGY.

BY PROF. L. E. JONES.

[CONTINUED.]

"**Muscular Labor.**"—"The region of Muscular Labor, on the outside of the thigh, corresponds to that of Coarseness, upon the exterior of the arm; that of Idiocy corresponds with Hardihood."

Philosophers and scholars! ye wise men in your own conceit! does not the above text convince you of your littleness? Will you not admit you are fifty years in the rear of our learned author? You cannot comprehend his doctrine; you cannot fathom the text. Neurological experiments have revealed the existence of a "Region of Muscular Labor on the outside of the thigh." All hail! the transcendantly "brilliant discovery." A quadruple text! full of meaning, pregnant with this advanced or semi-centennial philosophy! too profound for the age! How possible for the lids of the book to contain a text so big with meaning? Is it human philosophy revealed in this book of books, or is it the work of some supernatural being, an angelic revelator? "Muscular Labor" alone affords matter for a long chapter, while each of the other limbs of the text ("Coarseness," "Idiocy" and "Hardihood") are alike significant and deserving our notice. Our author informs us that the region of "Muscular Labor, on the outside of the thigh, corresponds to that of Coarseness, upon the exterior of the arm."

Who, save Dr. Joseph R. Buchanan, would ever have thought of seeking for an organ in a particular part or strip of the thigh, whose office and function it is to preside over and perform muscular labor? Neurology, the great solver of dark, mysterious, apparently unnatural, and profound problems, has brought this brilliant philosophic truth to the knowledge of inferior minds. The world would have remained in midnight darkness in regard to this discovery, for centuries to come (as it has for thousands of years past), had it not been for the genius of our great author. Anatomists, physiologists, and men of science of all grades and classes, have overlooked this great source of all muscular action. Its discovery and record have remained to bedeck the brow of the great Buchanan, and to illuminate the pages of his brilliant Anthropology. Anatomists and physiologists of ordinary scientific caliber, have labored under the erroneous impression, that the muscles on the different sides of the thigh, as well as upon all parts of the body, were alike the seat of "Muscular Labor;" that the large and powerful muscles forming the calf of the leg, performed quite as much muscular labor, in running, leaping, walking, lifting, &c., as the narrow strip "on the outside of the thigh." They have supposed the feats of the arms in threshing, chopping, mowing, fighting, &c., just as much the evidences of muscular labor, as any of the actions of muscles on any portion of the thigh, especially those on its outer side. Our author, like a great and good philanthropist, has corrected this error by showing them how weak and fallible they are.

But how did he determine that "Muscular Labor" corresponded with "Coarseness" on the outside of the arm? How does he prove that such an organ as "Coarseness" exists on the arm? It seems strange that he should have seen any correspondence in organs so remote from each other, and so unlike, save in the fact that both are outside strips, the one of the superior, the other of an inferior appendage of "Humanity." If there is a correspondence, in any particular, between the arm and the thigh, it would seem that it should be uniform in every respect, in order to quiet the doubts of the skeptical; yet our author informs us that one portion of the arm (which in the main corresponds in neurological organs with the thigh) has its correspondence in the calf of the leg. He says "Ambition," on the front side of the arm, corresponds with "Turbulence," on the back side of the leg. Here the front and back sides of limbs are made to correspond; but a single strip along the calf of the leg (it is affirmed) corresponds with the arm. In this particular he destroys not only the uniformity as to the sections of the upper and lower limbs, but also as to their sides. He must abide the truths of neurological science, whithersoever they lead him. If apparent anomalies arise, neurology explains them, but perhaps not always to the entire satisfaction of any but our author. He clearly comprehends them.

Who would have supposed that a finite being, by simply manipulating with the naked hand upon the surfaces of naked females, could have made such astonishing discoveries? The detection of new organs, new relations, new sympathies, new correspondences, new analogies, &c., on nearly every square inch of the human body, but serves to astonish the reader. How delicate and refined must have been the touch of our anthropologist! It enabled him to detect "Muscularity on the front of the thigh," but how did the investigator, in his explorations, know the exact point where his fingers passed on to "Muscular Labor" from "Muscularity?" and from these on to "Idiocy?" Certainly the sense of neurological touch must be exquisite, in order to enable him to catch the different impressions imparted by the *nervaura* peculiar to each of the innumerable neurological organs discovered. The innate modesty and delicacy of our author have prevented him from detailing the *analogies* which he discovered on the inside of the thighs of his neurological subjects. He found many (it is reported) very interesting neurological organs in these localities, but he has declined making them public. He has neglected to specify the exact locality of "Muscular Labor" on the surface of either of his naked females. He regards the declaration, "on the outside of the thigh," sufficiently definite, yet he neither gives length, breadth, or depth; nor does he state whether one, two or more muscles combine to form it, nor whether parts of different muscles are united in "Muscular Labor." The description seems rather indefinite or ambiguous, but no doubt it is satisfactory to the author and other anthropologists.

"Idiocy."—The next of the neurological organs in order is that of "*Idiocy*." While describing the "*Sarcognomy of the Limbs*," and immediately after giving the location of "Muscular Labor" on the outside of the thigh, he goes on to say, "Idiocy corresponds with Hardihood." (See Anthropology, page 372.) From the context our author leaves us to infer that "Idiocy" is found upon the upper, outer, and posterior surface of the thigh, as he says it corresponds with "Hardihood," which organ he locates at the point of the shoulder. He has omitted to mark the organ on the surface of his naked woman. It appears, however, by referring to the plate fronting the title page, a second organ, of the same name and kind, is found under the chin, in the immediate neighborhood of "Childishness," "Lethargy," "Insanity," and "Mania," (all of which he locates under the chin and jaws.) As both "Idiocy" of the chin and "Idiocy" of the buttocks must each have its fellow of the opposite side, making four organs of the same name and kind, with which each person is endowed, this neurological proof may explain the weakness of many visionary and sickly theorists. Some writers and boasted authors appear to have at least four organs of this kind, on the anterior, posterior, and right and left lateral surfaces, making in all sixteen "Idiocies," which is more by fifteen than the ordinary unpretending poor man can be said to possess.

How our author determined a portion of the thigh or buttock corresponded with the shoulder, rather than with other parts of the body, he does not inform us, nor does he give us the metes and bounds, size, and depth of "Idiocy." The location is doubtless very important, for a knowledge of which we are indebted to the experiments of our author upon the surface of his naked subjects.

Most philosophers have sought for the causes of mental derangement, dementia, insanity, idiocy, &c., in some disorder, malformation, or organic affection of the brain; while physicians have, in a great measure, addressed their means of relief to that organ, (believing it to be the sole organ of mentality,) in cases supposed to be curable, instead of to the buttocks. How liable is poor fallen man to err. None but a philosopher fifty years in advance of the age, would have made this sublime discovery. Naught but the "cold blooded condition" of toads, fishes, lizards, and serpents, applied to this newly discovered organ of mind, of our author, can effect a cure of this malady.

"Nutrition."—The last of the organs of our illustrious author, located upon the thighs of his naked women, is Nutrition. The text reads thus: (See page 370).

> "Vitality, Nutrition, and Reproduction, or Amativeness, are located among the baser organs. Vitality at the junction of the thigh and body. *Nutrition just below upon the lateral posterior surface of the thigh.*"

This is another most singular revelation, made by the silent and secret operations of a neurologist. The votary of science, upon his devotional knees, is conducted, either by intuition, or by the *nervaura*, from organ to organ, until he explores every inch of surface, and thus detects the exact location of Nutrition. In this way he surveys the surface in search of organs, for the purpose of ascertaining the exact sarcognomy of both limbs and body, being vividly, and differently impressed by every new organ over which the hand passed. All the particulars in reference to detecting some of the more delicate organs, are not detailed by our author, but having seen him operate often in search of the less delicate, and more exposed, we know he must have adapted some method of exploration in search of those less exposed to view. All will see at once that this must have been his practice, for in this way he must have detected the distinct organs of the brain, each having its antagonist. Here, again, it would be the height of folly for even an ordinary physiologist, to place his hand upon the head, neck, arms, or shoulders, and by such superficial examination of unimportant parts, pretend to have ascertained and fixed the exact location of all the delicate and interesting organs between the navel and "Idiocy," or "Vitality," which our author has discovered, and mapped out on his naked women. Such persons would act unwisely, and assume a degree of arrogance wholly inexcusable, should they, by the laying of hands on different parts, pretend to inform the world where to find the neurological organs of "Hate," "Vitality," "Amativeness," "Insanity," and "Calorific," together with the regions of "Combativeness," and "Destructiveness," the region of "Crime," and "Selfishness," "Relaxation," &c. Rest assured, a philosopher fifty years in advance of this fast age, when writing for the benefit of those who are not to overtake him for fifty years to come, will not expose himself to any such ridicule. He will not declare that an organ exists on the legs, thighs, buttocks, or abdomen, until he has carefully explored the region, and incontrovertibly proved its existence, and its exact location, by the reciprocal current of *nervaura* passing and repassing from his hand to the organ and back again. This method settles the question. It is the only scientific, and truly philosophic mode of investigation, and the only means of testing the truth of Anthropology. As the geologist passes over hill and valley, along the gentle rivulet, and up the ravine, in search of mineral wealth, and hidden treasures, so passed our Anthropologist over the surface of favorite subjects, in search of the hidden pearls of neurological science. Thus has the truth of sarcognomy been verified and brought to its present state of perfection. The Anthropologist does not place his hand on the head, and then tell you "Idiocy" is on the thigh, and "Insanity" in the *pubic* region; nor does he place it on the arm or hand, and then say, I have found "Amativeness" on the sacrum, "Hate" on the buttocks, and "Vitality" in a line, a hairbreadth in width, down horizontally across that volume of muscular fibre, nerve and vessel, thus dividing numerous important anatomical organs, by the said line of "Vitality," at the junction of the buttocks with the thighs, which line our author extends inward to the *anus*; but he passes his hand gently and carefully along each organ, (though but lineal, and but a hairbreadth in width, and *possibly* imaginary,) though crossing important muscles, and thousands of vessels and nerves, and then fixes the exact locality of "Insanity," "Hate," "Vitality," &c., defining the boundary of each, with its neurological relations, as he passes his fingers over them. This is done with as much care by our neurologist, as a penniless blind woman would search for a lost copper. In this way, those discoveries of our author have been reduced to an *exact* science; and he placed on the very pinnacle of the noble hill, with a "*Roman helmet*" upon his brow, and himself fifty years at least in advance of all other philosophers. But, says a skeptic, he has not given the precise geography of "Nutrition." My dear sir, he had not the time, but has he not told you that it exists, and that it is found "just below upon the lateral posterior surface of the thigh?" These omissions are for your own good. They are designed by our learned author, to make you search diligently, and see whether these things be so, and finding them so, confirm the truth of his great discoveries. This you might not do, did our author leave less labor for you to perform.

Again, Physiologists, Anatomists, and all who enjoy a fancied eminence in science, may wonder at the location of "Nutrition" on the thigh, instead of the arm, shoulder, back, abdomen, buttocks, legs or feet; indeed, that our author was enabled to locate it at all, in as much as they (having derived their knowledge, no doubt, from erroneous books and lectures), have been taught to believe that great preservative, and (as they have supposed,) all-pervading function of life, "Nutrition," pervaded alike every organ, structure, tissue, and fibre of the body. They have been taught to regard it as a wise provision of nature, ordained by Deity, in the creation of all animated beings, that each organ, structure, and tissue, was endowed with the capacity of selecting, elaborating, assimilating, and appropriating to itself, its own means of subsistence and growth. In other words, they have been taught to believe that "Nutrition" existed alike in every part of the body, and that it could be said to be located exclusively, in no particular organ or structure.

Blind ignorant skeptics! know you not that this new philosophy of our author—the discovery of this new organ of "Nutrition," together with all of his equally brilliant discoveries, overthrows all of your old antiquated, fogy notions of science? Remember this *new* science is fifty years in advance of the present age, and therefore above and beyond your feeble conception. *Vive la Bagatelle.*

Medical Students.—It is stated that fewer students than usual have entered in Edinburgh the present session; the same may be said with regard to London, where the total number of students amounts to 1,080.—*Association Medical Journal, December* 20.

CLINICAL REPORTS.

NEWTON'S CLINICAL INSTITUTE,

Winter Session of 1856–7.

SERVICES OF PROFS. NEWTON & FREEMAN.

REPORTED BY PROF. Z. FREEMAN.

Case 448. Oct. 28.—Baker, æt. 25. Incomplete internal fistula in ano, and hemorrhoids. Has been affected nine weeks. Four months ago he had a severe attack of intero-external hemorrhoids. The pile tumors were very painful, and his health and strength much reduced. About that time a tumefaction presented itself within the inferior strait of the pelvis, by the side of the rectum, and could be felt by external pressure. It proved to be an abscess, and opened into the bowel, discharging a quantity of pus. Lately the swelling has again formed, but lower down, and now presents the appearance of an abscess pointing through the integument near the anus.

Treatment.—Prof. Newton opened the abscess with the lancet, and it discharged a quantity of pus, fetid gas, and some blood. There is still a large hemorrhoidal tumor within the rectum, and at its border an opening through the bowel, with an indurated edge. This is the original fistulous opening, and is about two lines in diameter. Apply an elm poultice to the part.

Oct. 31.—Has been injecting a caustic prepared from the bark of the red oak. Applied the ligature.

Cured in twenty-five days.

Case 449. Oct. 31.—Henrietta B. Convergent strabismus. The left eye has been affected twelve years; cornea turned inward, and nearly hidden. Right eye in its natural position.

Treatment.—Operation by Prof. Z. Freeman. Eye restored to its natural position by cutting the internal rectus muscle. (I never use the speculum, but use only the rat-tooth forceps, scissors, and blunt hook.)

Use the cold water dressing for twelve hours, and then expose the eye.

Nov. 4.—Eye straight and doing well.

11.—Eye doing well. Covering the eye for a few days after the operation, induces the cornea to look inward, and allows the severed parts to heal in that position; hence I take the covering from the eyes twelve hours after the operation.

14.—Eye seems inclined slightly inward. Applied a small piece of adhesive plaster to the external angular process of the os frontis, to direct the attention of the eye outward.

25.—Eye well and straight. Discharged.

Case 450. Oct. 31.—Mrs. Whalen, æt. 40. Ophthalmia tarsi. For a number of years her eyes have been weak after exposure to cold, &c. Her business is standing in market, where she is exposed to all kinds of weather. Drinks strong beer, but does not get intoxicated. For the last three weeks, her eyelids have been much inflamed, and the tarsi scabbed, reddened and swollen, and some of the eyelashes have dropped out. Eyes more painful than usual, and vision somewhat dim. Bowels costive; has frequent pains in the precordia; appetite good; tongue slightly coated greyish, in the center red; some pain over the eyebrows; slight prolapsus uteri; urine passes freely; skin dry.

Treatment.—℞ Comp. cath. pills, one night and morning. ℞ Iod. potass. ʒj, syrup ginger ℥iv. M. Take ʒj four times a day. ℞ Iod. potass. gr. x, tinc. aconite ʒj, hydrastin gr. xv, water ℥iv. M. Apply to the eyes three times a day.

Nov. 4.—Eyes much better; bowels more regular. Continue the treatment, excepting the comp. cath. pills.

20.—Ophthalmia tarsi very nearly well; can scarcely detect it. Continue the treatment. Need not return.

Case 451. Nov. 4.—Bridget O'Brien, æt. 22. Intermittent fever, quotidian type. Has been affected four weeks. Has distinct chills in the morning, and slight chills frequently through the day. Has fever through the day, but more distinct in the morning; has constant headache; appetite indifferent, bowels regular, fetid breath, tongue broad and coated white, and red at the tip and edges.

Treatment.—℞ Comp. cath. pills, two night and morning. After catharsis, ℞ Cerasein ʒss. Make powders vj; take one three times a day.

Nov. 8.—No report.

11.—Feels well; has had no more chills. Discharged.

Case 452. Nov. 4.—Ellen M., æt. 9. Convergent strabismus. Had whooping-cough six years ago, which induced convergent strabismus of the right eye.

Treatment.—Operation by Prof. Z. Freeman, (cut the tendon of the rectus internus muscle.) Applied cold water dressing for one day only.

Nov. 7.—the eye has been uncovered two days, is slightly echymosed at the internal canthus; parallelism is restored—doing well.

12.—Eye is doing well, is straight. Discharged.

Case 453. Nov. 4.—W. J. Whallen. Fracture of the radius. He fell the 25th of July, and fractured the radius. The limb was dressed at the time, and is now doing well. Can readily detect the ring of provisional callous around the fractured bone. Continue the bandage and splints.

* * *

Cooley Trade.—A British merchant vessel, carrying Chinese passensers between Hong Kong and the Havannah, lost 182 Chinese on the passage. What are the horrors of the middle passage in slavers to this? The facts came out at a police court this week, and we trust will lead to further investigation, and more stringent enforcement of the Merchant Shipping Act. Well might the magistrate say, "The English flag is disgraced by such traffic." The causes of death were entered in the log as "fever" and "exhaustion." Probably "scurvy" and "starvation" would have been nearer the truth.—*Med. Times & Gaz. Jan.* 10, 1857.

Part 2—Progress of Medical Science

ON PNEUMONIA, AND ITS TREATMENT BY THE SULPHATE OF QUININE.

BY DR. SAMUEL GORDON, OF DUBLIN.

Pneumonia, originating in the pulmonary capillaries, appears to be essentially a blood disease, and sometimes comes on very suddenly, at other times more slowly; like all diseases of this type, it is often epidemic; it sometimes supervenes on other diseases, but often attacks persons who were previously in apparently good health. The great chemical alteration which the blood would appear to undergo, consists in the augmentation of the fibrine, but this augmentation taking place, amongst other modes, by the conversion into it of a more or less considerable quantity of the albumen: we thus have two distinct morbid actions taking place within the sanguiniferous system, one consisting in the removal of the great nutrient or formative power in the blood, and the other in the sudden engorgement of the capillaries with a great mass of (most probably) crude fibrine, which, partly from depressed vital action, and partly from mechanical over-distension, they are unable to transmit.

The appearance of a lung when seen in the *very early* stage of this form of pneumonia, is very unlike that produced by acute inflammation of the air-vesicles of the lung. When first seen after the opening of the thorax, it presents a dark-blue color. This appearance, however, is very evanescent, and is almost completely lost in the course of three or four hours after the lung has been removed. When grasped in the hand, it feels like muscle; but, unlike what is usually termed carnified lung, it is increased rather than diminished in size, but is not so much increased as in the more ordinary form of pneumonia: it is firm and heavy, and sinks in water, but does not appear to have any tendency to pass into hepatization, nor does it afford any feeling of crepitation, or anything allied thereto. This description, which I have borrowed from my reports of the cases above alluded to, and from Dr. Corrigan's demonstration of the appearances before the Pathological Society, as well as from subsequent examination of other similar cases, appears to me to indicate a modification of pulmonary disease altogether different from ordinary vesicular pneumonia, nor yet to be confounded with pulmonary apoplexy, or "collapse of the lung as connected with bronchial obstruction," described by Gairdner and others.

The symptoms which existed in those who died in this very early stage were great and sudden collapse, sudden lividity, and coldness of the surface; the lips became purple, and a dark flush arose on the face; they complained of excessive weakness; there was great depression of strength—in fact, "in no case could the asthenic character be better marked." In some cases the patient complained of difficulty of breathing; but even when there was no complaint uttered, the increased rapidity of the respiratory acts—in one case they amounted to sixty to the minute—indicated great pulmonary obstruction. The respiration was usually diaphragmatic; the tongue was moist and dark colored; the pulse warm, feeble, and very rapid; the surface of the body almost cold; there was seldom any complaint of cough, but there was frequently pain in the side, which was not always referred to the part where the physical signs showed the existence of disease. These physical signs were, great dullness of percussion over a certain portion of the chest according to the extent of lung engaged, which did not seem to follow any precise rule; in some instances the upper part of the lung was affected, sometimes the lower, sometimes portions of both lungs: and, corresponding to the amount of dullness, there was either absence or great feebleness of the respiratory murmur.

Patients who died in this stage of the

disease died generally of collapse. I have never seen those extreme symptoms to attend this disease, except in individuals who were greatly reduced by previous illness, or some other cause; they generally, but not always, prove fatal. Several recovered during the epidemic in 1841, and within the last two months I saw a very well marked case of it, which recovered under Dr. Corrigan's care, in the Hardwicke Hospital.

The symptoms which attend this disease, as it generally comes under our notice, and which seems to distinguish it from ordinary pneumonia, are, that—1. The peculiar heat of the skin, so forcibly dwelt upon by Addison, as almost pathognomonic of pneumonia, does not exist; the skin is never very hot, sometimes dry, often cool, and even perspiring; but it very early acquires a peculiar *jaunatre* aspect, which it retains throughout, and often does not lose for some time after all physical evidence of disease has vanished. This symptom was very strongly marked in several cases lately in hospitals, some of whom are still under observation. 2. The cough is altogether different in character from that of ordinary pneumonia: it is very short, frequent, and performed without any apparent muscular effort whatsoever—very unlike the painful and distressing cough so often witnessed in vesicular pneumonia. 3. There is seldom any expectoration; when it does occur, it is not viscid, nor homogeneous, nor tenacious. 4. There is seldom much pain in the side; never the acute, stabbing pain which occurs in vesicular pneumonia from the pleura being implicated, because we rarely find pleurisy existing in this form of disease, and, as we remarked before, we often find the patient refer the pain which he does complain of to a part of the chest where we have no other evidence of disease existing. 5. The high fever which attends vesicular pneumonia is absent; the pulse is seldom remarkably frequent; it is always feeble, and soon acquires a peculiar jerking feel, which it owes to the tenuity of the blood. The patient has frequently a listless and careless manner, and appears unwilling to speak even about his illness. Such was the case in a boy, about nine years of age, who was admitted into the Hardwicke Hospital, on June 5th, with solidification of almost the entire of one lung; yet neither he, nor his parents, who came with him, mentioned any one symptom from which such disease might be inferred. • The prominent symptom for which they requested relief was constant vomiting. In some cases the pulmonary affection is accompanied by an attack of herpes labialis. There is always complete loss of appetite for solid food, but often great thirst; considerable modification of the voice often exists, amounting in some instances very nearly to aphonia; there is sometimes restlessness, and often insomnia. The physical signs are very constant; there is a dull sound on percussion over the affected portion of the lung, or lungs, and at first very feeble respiratory murmur, which, however, maintains somewhat its vesicular character, but soon becomes very decidedly bronchial. The peculiar crepitus of vesicular pneumonia is never audible. If the patient recovers, the progress of the physical signs is very remarkable; sometimes within twenty-four hours the extreme bronchial respiration and bronchophony are replaced by a feeble or even ordinary vesicular murmur, proving that the air-cells merely suffered obliteration from pressure, which being removed, they again expanded.

The patient seldom dies at this stage: when he does, it is generally found that a very great portion of the lungs is engaged in the disease; they are very tough and heavy, and a section of them exhibits an uniform light grey color. But the progress of this affection is very rapid (it seldom extends over a period of weeks, like some cases of vesicular pneumonia, which have passed through all its stages), and the lung seems readily to pass into a condition somewhat allied to gangrenous degeneration. Effusion now takes place into the bronchial tubes, and the patient dies asphyxiated. Post-mortem examination usually shows the lung to be of a dirty grey color; there is no well-marked suppuration, but a species of general softening, and commencing decomposition.

Perhaps one of the best marked features of this disease is, "its not being amenable to any of the usual modes of treatment." I need not here allude to the more than inefficacy of abstraction of blood in any form to meet its requirements. The treatment by tartar emetic is equally inapplicable; and the mercurial plan of treatment, as it is termed, is also powerless to control this formidable affection. The treatment by the internal use of oil of turpentine, so advantageous in the suppurative stage of vesicular pneumonia, does not appear to have any influence on this form of disease. Wine and the usual diffusible stimulants support the patient's strength and add to his vital energy, and so are of use, but they seem to have no specific power over the disease, such as is evidently exercised by the sulphate of quina. During the last eight months I have treated with quina all the cases of this form of pneumonia which I have witnessed, and I have had the opportunity of observing several cases similarly treated by Dr. Corrigan in the Hardwicke Hospital. On the 19th of April last, Dr. Corrigan presented to the Pathological Society a specimen of this form of pulmonary disease, when he took occasion to allude to the efficacy of quina in its treatment. The result of this treatment has been that, of the cases which came under observation before effusion had taken place into the bronchial tubes, none proved fatal; while some few recovered, even after the lips had become blue, the face congested, and mucous rales were audible in the bronchial tubes.

The beneficial effect of quina in the advanced stages of pneumonia, when the patient is old, and the constitution debilitated, have long since been recognized; and we occasionally find authors alluding to the use of this drug as indicated by, or as a remedy for, some one particular symptom; thus Dr. Todd says:—"In the decidedly typhoid cases, I need scarcely say that the free use of stimulants is of essential service, and it is often of immense advantage to give quina freely, the special indication for this latter drug being profuseness of sweating." And Dr. Morehead, in his recent work on the Diseases of India, recommends the use of quina in pneumonia "characterized by its co-existence with fever of remittent type;" and Prof. Wood recommends "the addition of sulphate of quina when hectic symptoms appear." But the advantages to be derived from the early use of this medicine in this particular form of pneumonia have not been sufficiently dwelt upon. The average dose administered was five grains every three hours (in a few very severe cases ten grains were given for the first dose); in some instances it was deemed advisable to continue its use in this quantity for several days; yet in no instance did I observe any untoward result to arise. The first indication of recovery was, in general, a marked alteration in the character of the pulse, which also decreased in number; while, as to physical signs, the rapidity with which the bronchial breathing and extreme dullness disappeared from an entire lung, or portions of both, was truly surprising. It was not found necessary, or deemed advisable, in any instance to precede its administration by the use of a purgative or emetic, as advised in other instances. In the case of Leonard, nine years of age, who was admitted with vomiting, I at first hesitated, but the symptoms of the disease were so well marked, and the entire of one lung was so deeply engaged, that I ordered it to be given in two-grain doses every three hours; after the third dose the vomiting ceased, and did not recur; and on the fourth day the boy was convalescent.

And if the pathology of this disease be such as I have endeavored to describe, the treatment by quina is that from which, of all others, we should naturally expect the greatest advantage. The action of quina "is exerted primarily in the blood (Headland), and not on the nerves:" Tiedeman and Gmelin found it long ago in the blood of a patient to whom it was administered; and Cochran, in a late number of the "Charleston Medical Journal," points out in what its action consists by detailing its effects on the uterus. He says:—"In women, under its influence, if they were menstruating, they complained of increase. In some cases it hastened the flow if given just before the period; it provoked their return when suddenly suppressed by cold, &c. An important circumstance connected with the action of quina, and which may throw some light on its mode of action is, that if administered in large doses, and frequently repeated, it defibrinates the blood, rendering it fluid and incoagulable; this fact has been clearly established by the experience of Baldwin, Melier, Briquet, and other respectable authorities."—*Dublin Quarterly Journal*, *August*, 1856.

* * *

EPITHELIAL CANCER OF THE NOSE; AND ITS DIAGNOSIS FROM RODENT ULCER.

Long before the histological diagnosis of cancer was studied, it was a matter of remark among experienced surgeons, that those forms of the disease affecting the nose, eye-lids, and forehead, were usually of very slow progress. This is now explained by a knowledge of the circumstance, that the form of ulceration to which, as quite incurable, the name of malignant might fairly be given, is, nevertheless, not a true cancer. We are speaking of a disease perfectly distinct from all the forms of lupus, and which none but the ignorant could confound with them. It is the disease described by Mr. Paget, and before him by Lebert, as the "Rodent Ulcer." The cavity formed by this disease resembles often very exactly that of an open scirrhus; but more frequently it is not nearly so deep. It has a sinuous border, thickened, elevated, and often of stone-like hardness. From the appearance of epithelial cancer it differs markedly in not having any warty growths whatever about its borders or surface. If cut away or destroyed ever so freely by caustics, the cicatrix never, so far as the writer's experience goes, remains healed more than a few months. Its spread is sure, but remarkably slow, and generally nearly painless. It never causes the glands to enlarge, nor does the patient become cachectic, or lose strength. Under the microscope its tissue shows only the forms of cell growth common in the edges of indurated ulcers, and nothing at all resembling those of any kind of cancer. It is decidedly a rare disease; and our own experience, which has included a very large sphere of hospital observation, does not supply us with more than a dozen or eighteen cases. Speaking from general impressions, we should say, that on the parts named, *i. e.*, the inner angles of the eyelids and the nose, it is of about equal frequency with epithelial cancer. Its duration before it causes death may be twelve or fifteen years, and sometimes even more. In its spread it involves all parts, lays bare the bone, opens the nostrils, etc., and in the cases in which we have known death to occur, the fatal event has been from hemorrhage. We have seen but two cases in which the rodent ulcer had its seat on other parts than the face, and in both of those it affected the female genitals.

We make these remarks *apropos* of an interesting example of true epithelial cancer of the nose now under Mr. Cock's care in Lazarus ward, Guy's Hospital. The patient, a Welchman in robust health, aged 56, noticed a spot on his nose in February last. He scratched it, and ulceration commenced, which spread so rapidly that Mr. Cock was compelled to excise the whole organ, although it was only about five months from the commencement. No glands had as yet enlarged noticeably, but the sore had been the seat of lancinating pain of some severity. In the rapidity of its spreading, the case offers a marked contrast to the examples of rodent ulcer of the same part.—*Times & Gaz. Dec.* 27.

MILITARY SURGERY AND OPERATIONS FOLLOWING THE BATTLE OF RIVAS, NICARAGUA.

BY I. MOSES, M. D.

An interesting addition to the records of military surgery has been but recently made on our own continent, and in a country to which the eyes of all nations, and especially of Americans, have been turned with eager interest. The States of Central America, occupying the isthmus between Mexico and the republics of South America, have, within the last few years, since the establishment of our immense national interests on the Pacific, attracted the attention of the world. Through them has rushed a tide pf population, from the east towards the west, unequalled in the annals of history; which has founded, in the short period of eight years, a State, with cities rivaling in beauty, wealth, and architectural adornment, our oldest Atlantic towns; opened a market for the commerce of the world, and sent back over this same isthmus, in return, not less than three hundred millions of money. Yet, during the same period, this great highway of nations, peopled by a degenerate mongrel race, torn by civil wars and sunken in barbarism and superstition, has hardly felt the influence which has given an impetus to the whole civilized world.

Little over a year since, a new element was introduced into the army of the democratic party of Nicaragua, which rapidly gave it the ascendency. Invited by the new government to take charge of the medical department of the army, now composed of native and American troops, I arrived at Granada, Nicaragua, in February, 1856, and was honored with the commission of Surgeon-General. No cases of surgical interest occurred until after the battle of Rivas, which was fought on the 11th of April, and lasted about fourteen hours. Small arms only were used — muskets, rifles and revolvers on the one side, and Minie muskets on the other. A small piece of artillery was taken from the enemy early in the morning, which had been discharged but once; but no wound appeared to have been made by grape and canister, with which it was loaded. The action on both sides was of a desultory character; brisk at first, repelling charges, and sharp shooting from loop-holes. After a forced march of about seventy or eighty miles, with irregular and sparse rations, an annoying fight, without food for thirty hours, it was deemed advisable by the general to retreat, which was safely effected at 2 o'clock next morning. The wounded received their primary dressing during the engagement, and were made tolerably comfortable in a safe place. From the fact of no artillery being used, none of those terrible wounds were received, requiring operative interference during the day. About sunset the wounded, amounting to fifty-five, though many of a trivial nature, were removed to the church for safety; and, on the retreat, those who could not walk were mounted on mules and horses. Some five or six, who could not possibly be removed, were abandoned, and next day bayoneted by the enemy. No litters were on hand, in consequence of the rapidity of our movements and want of means of transportation, and the roads do not admit of the passage of light wagons or ambulances. The wounded did well, and were again dressed and made comfortable at Irandime, thirty-six hours after the battle. They arrived at Granada on the evening of the fourteenth, and were placed in hospital.

In the encounter there were about four hundred and twenty Americans, with one hundred and sixty natives, in the Nicaraguan army, opposed to nearly three thousand Costa Ricans. The official returns reported on our side were: killed and missing, sixty-one, of whom many subsequently reported themselves; wounded, fifty-five, of whom five or six were unable to be removed, and forty-six were sufficiently severe to require surgical attendance. Of these there were twelve officers, and thirty-four non-commissioned officers, privates, and citizen volunteers. The wounds were as follows:

Of the head and neck, - -	10
" arms and hands, -	12
" chest, - - -	7
" thigh and leg, -	17
Total, - - -	46

Of which twelve required operative proceedings, viz:

Exsection of balls, - -	6
Amputation of forearm, -	4
" arm, -	1
Ligation of left subclavian artery	1
Total, - - -	12

As several of the above cases present points interesting to the military surgeon, I propose giving a short outline of some of the more important.

CASE I.—Lieut. Potter received a Minie ball about the middle of the left arm, fracturing the humerus and coursing towards the shoulder, from which I extracted it after our arrival at Granada. Wishing to save the arm, and no bad symptoms appearing, it was placed on a pillow for a week. Considerable swelling of the entire limb supervened, with general irritability and discharge of unhealthy looking pus, and amputation was proposed as giving him the best chance. On the morning of the 26th, a fortnight after the receipt of the wound, febrile symptoms of an active character set in, and yellow fever developed itself, with coma, low muttering delirium, refusal to take medicine or nourishment, and black vomit, which terminated the case in a few hours.

Fevers of a malarial character were prevalent, and yellow fever, in the form of a mild epidemic, existed. Unfortunately, the wounded were placed in the same hospital with the fever cases; but most perfect ventilation, abundant accommodations and strict police existed. I regretted not having amputated the arm. The bone was comminuted, the soft parts lacerated and contused, but no nerves nor blood-vessels injured. Experience had taught me, and this case has confirmed me in my previous opinion, that in gun-shot wounds in which the bone or bones are fractured and comminuted, as is especially the case where the projectile is from the Minie arm, whether rifle or musket, amputation should be resorted to.

CASE II.—Maj. Markham, during a charge, was struck by a ball on the inside, and a little above the patella, so as to involve the cavity of the knee-joint, and the synovial fluid was oozing out when I saw him, very shortly after. He rode on horseback during the retreat, but complained of a sense of weight and stiffness more than pain. On arrival at Granada, he was comfortably placed in private quarters; the most absolute rest and abstemiousness were enjoined, and cold dressings applied. He recovered entirely, without any particular inflammation of the joint, and with free motion. His happy recovery may be attributed to his strict observance of rest, an almost starving diet, and his excellent condition for bearing wounds, being a thin, wiry person, of placid temper and gay disposition.

CASE III.—Capt. Casey, in the same charge, received a Minie musket ball through the left wrist, shattering the lower portion of the radius and carpal bones. His wound was dressed, his arm placed in a sling, and he arrived at Granada comfortably, where I amputated at the middle of the forearm. Four days after, he was walking about, and the stump healed most kindly.

CASE IV.—Capt. Cook, Quartermaster, wounded in the same charge, the ball entering the left shoulder in front, inside of and below the acromial articulation of the clavicle, taking a course downward, backward and inward, and was felt just below the inferior angle of the scapula, whence I extracted it after our arrival at Granada (14th). He rode, without much inconvenience, on horseback from Rivas, and was comfortably quartered in the house of a native family, from whom he received every care and attention. Of a nervous and irritable temperament, it was impossible to keep him quiet during the day or night:

he insisted upon sitting up, and walking about the room, although he was repeatedly warned of his extreme danger. He continued to do well, however, until the morning of the 21st, when, while sitting up in a chair to be dressed, violent hemorrhage took place, and he lost a large quantity of blood before it was checked; and, on my arrival, I found him very feeble. Believing that the slough in the course of the ball had made an opening into the axillary artery just after its passage out of the chest, I informed the patient that his only hope was ligation of the artery, to which he readily assented, and I immediately ligated the subclavian at the middle, or very near the first space, it being necessary to apply pressure over the first rib. No hemorrhage recurred, but he soon began to sink, became delirious and restless, his respiration very slow and labored, and he died at 4 P. M. of the 24th, about *seventy-nine hours* after the operation.

Twenty-four hours previously to death, the shoulder and arm became livid and œdematous. He was fed with stimulants, but, deglutition being difficult, and no prospect of recovery, he was made as comfortable as possible until the final issue. I regret that circumstances did not permit an examination of the parts.

Case V.—Adjutant Britman, 2d Rifles, received a Minie musket ball in the left arm, in the upper third, while firing his piece; the ball passing behind the shoulder, along the ribs, and through the scapula, lodging near the inferior angle, from which I extracted it after our arrival in Granada. His symptoms promised a good recovery for forty-eight hours, when tetanus set in, with severe spasm of the muscles of the face and trunk, and he sunk twenty-four hours after. He had ridden from Rivas without inconvenience; his wounds looked well; no vessels or nerves were involved, and his habits and health had always been good. Brandy, assafœtida, and opium, in large doses, were administered, but without effect.

Case VI.—Lt. Jones received a ball in the left hip, which entered below the trochanter, and buried itself deeply in the fleshy part of the nates, where it could not be detected by a probe. He was able to move his thigh perfectly, and without pain; he slept well, and was in good condition until the 23d, when the fever, which was prevalent, set in, assumed a typhoid character, and he died on the evening of the 25th, with delirium. He was in a separate apartment, surrounded with every care and attention, and fell a victim to the epidemic, which has carried off many a brave man in this city.

Case VII.—Capt. Armstrong received a ball on the outside of the right leg, which passed through the leg, and lodged beneath the integuments on the inside, from which I removed it ten days after the battle. Wound did well, and rapidly healed.

Case VIII.—Sergt. Sarsfield received a wound in the throat, the ball entering just above the articulation of the left clavicle with the sternum, passing directly backward, wounding the trachea and œsophagus, and lodging in the anterior muscles of the spine. He rode on horseback from Rivas to Granada, and was perfectly comfortable, and surrounded by the most assiduous attentions from a native family. The wound was of the size of a dime, through which liquids flowed when he drank, a part only passing into the stomach, mixed with the air as he respired. His voice was a mere whisper. So severe a wound in so important a region, called for the most unremitting watchfulness, which he received. The most absolute repose was enjoined, and the most simple articles of diet. The wound progressed well; the slough separated, and there was a discharge of healthy pus, the aperture becoming large but granulating. Cough was the only annoying symptom.

May 3. Up to the present date he has continued to do well; his strength is much diminished in consequence of his strict diet. Contraction has taken place in the œsophagus, and less fluid passes through it. For the last few days he has been supported by enemata of beef soup, sago with wine, and baths of aquadienta. His cough has been quite troublesome, for which anodynes were given. Hemorrhage, which has been most anxiously feared, began this morning, darkening the ray of hope which I had of his recovery—not a bad symptom having arisen until this morning, the *twenty-third* day. No operative interference could be resorted to, and we could only apply some compressed sponge.

6th. Hemorrhage has continued, from time to time, through the wound, from the nose, and spread beneath the coverings of the neck. Last night he became delirious, and died to-day at five, P. M.

Case IX.—Finney, citizen volunteer, received a ball in the left shoulder, which lodged beneath the pectoral muscle below the clavicle, from which I removed it three weeks after the battle. The ball was of iron, and of very large size. He recovered rapidly.

Case X.—Capt. McArdle, while serving a piece of artillery taken from the enemy, was struck by a musket ball in the left forearm, producing considerable destruction of the tendinous tissues, and comminuting the ulna near the joint. Although the wound called for immediate amputation, he was so unwilling that the operation was postponed, and no untoward symptom occurred until the thirteenth day, when suddenly violent arterial hemorrhage came on, and the arm was immediately amputated about the middle, where the bifurcation of the brachial artery was found. The stump did admirably, and in a few days he was up and about.

Case XI.—McPall, of the Rangers, received a shot, the ball striking the inferior maxilla on the right side, fracturing the bone, and passing obliquely through the neck, and out posteriorly on the left side, about an inch from the spines of the vertebræ, without any evidence of serious injury to the internal parts. He slept well, eat well, and walked about for ten days, when suddenly, while sitting at the window, profuse hemorrhage came on, and blood in large quantities was poured from the mouth and into the lungs, and in five minutes he was dead.

It is difficult to understand how a ball should have taken such a course without tearing vessels, nerves, and organs essential to deglutition and respiration, yet so capriciously do they turn aside and alter their position, when they have lost momentum, that we may explain in this case the total absence of serious injury until within a few minutes of the fatal termination of the case. I saw the patient certainly within three minutes of his attack, when pressure was made upon the common carotid, the internal being no doubt the source of the hemorrhage, hoping to moderate the flow and enable me to ligate the vessel; but death was too rapid for surgical art to avail.

Case XII.—Private Hutchins, while in the act of firing, received a Minie ball, which passed through the left wrist and under the right arm, tearing the soft parts very much, and making a very ragged wound. Under simple dressings both wounds did well, that in the right axilla healing almost completely; but on the fourteenth day after the battle, the wrist became very painful, with general constitutional irritability and febrile symptoms; the wound looked foul, and the hand white and pasty.

On consultation it was determined to amputate, and I took off the forearm at the junction of the upper and middle third. Next day he was quiet; had rested well; the febrile movement less marked, and expressing himself very comfortable, and rejoiced to get rid of the hand.

May 2. Is now doing very well, and stump healing.

6th. In consequence of some imprudence, fever again appeared, but not of an alarming character; but on the 8th he was reported to me as being worse, and on visiting him in company with the medical officer in whose charge he was, I found delirium, subsultus tendinum, and great prostration of the nervous energy, and he died delirious the same night.

On examination of the parts, the flaps

were adherent throughout, the bone rounded off, and the stump in fine condition.

CASE XIII.—Private Lott received a glancing shot sideways, which fractured the lower jaw of the right side an inch and a half anterior to the angle, and tore the soft parts, leaving a large ragged wound. When the wound had nearly healed, he was attacked with yellow fever, and died with *black vomit*.

CASE XIV.—Sergt. Pittman was struck by a Minie ball in the upper third of the left arm, comminuting the bone, which was followed by effusion, which in a few days produced great pain, general constitutional disturbance, and a disposition to great nervous prostration. He rode on horseback from Rivas, and the day after our arrival, the symptoms not promising more favorably, I amputated high up. He passed that night and next day more comfortably, and recovered with a good stump.

CASE XV.—Sergt. Dunnigan was struck by a ball sideways, which cut away, in a very clean manner, half an inch in width, the soft tissues opposite the crico-thyroid articulation, but not wounding the larynx. He immediately lost his voice, not being able to articulate louder than in a whisper, and had some difficulty in respiration. He could not swallow solid food for some days, but all the parts healed kindly, and recovery was perfect.

In connection with the above, I would note a case of gun-shot wound of the larynx occurring in 1849, showing how much destruction and injury may be done to these parts and recovery follow. While crossing the plains near Fort Boise, a corporal of H Co. Rifles was accidentally shot by a fellow soldier, at not more than forty yards distance, with a conical ball, which tore away the soft parts extensively, fractured the os hyoides, thyroid, and cricoid cartilages, and opening a large hiatus in the laryngeal cavity. The distressing dyspnœa, and other urgent symptoms, induced me to declare the wound mortal, but as we were on march, a canvass tent fly was stretched in a wagon, so as to make him as comfortable as possible. The wound was cleansed, spicula of bone removed, the parts replaced and adapted as well as could be, and cold water applied. Being unable to swallow, his mouth was moistened with water; a hospital steward was placed in the wagon to attend to his wants, and we proceeded on our journey. He did not particularly complain during the march, except of heat and dust, and to my surprise I found him in good spirits and hopeful when we halted for the night. It will be sufficient to say that he finally recovered at Oregon City, with an opening in the larynx, and entire loss of voice. He made the journey of about four hundred miles in a wagon, over a dusty road for the most part; but great care was given to the examination and dressing of the wound. Unfavorable symptoms, presenting two or three times during his recovery, were promptly and successfully met. It has been my fortune to have seen several most interesting wounds and injuries about the throat and vocal apparatus, and, except where the large blood-vessels were involved, they have all done well.

CASE XVI.—Private Mayer was struck by a small rifle ball in front of the ear, which passed through the cartilages, and lodged behind the mastoid process, from which I removed it a few minutes after he was wounded; applied a light bandage, and he continued fighting during the day.

CASE XVII.—Capt. Bradly received a small wound just below the angle of the jaw on the left side, and applied to have some foreign body removed. On examination, a small piece of metal was found and removed, which proved to be a portion of a small bell. It appears that while in the church, near the altar, a ball struck one of the ornaments, sending the fragments in all directions, one of which had buried itself in his neck.

Of the forty-six cases of which I have notes, there are many of great interest to the military surgeon, showing the course of balls, the wonderful escape of large vessels and nerves, the extent of the reparative process, and how often the severest wounds get well, while the most trifling are the cause of sudden death. Yet I do not propose, at the present time, to relate them. The hospital, in which the wounded were placed on our arrival in Granada, was a large house, used for governmental purposes, near the Spanish regime, having, inside and outside, along the corridors, sufficient space; it was well ventilated, and kept in good police. The beds were such as are used in the country, with a hide firmly stretched between the side pieces, rather hard to those accustomed to the luxury of mattresses or feather beds, but admirably adapted to warm climates. Bedsacks filled with dry soft grass and good bedding, were furnished to the majority, making them very comfortable. It was greatly to be regretted that the wounded were obliged to occupy the same building with fever cases; but, as soon as circumstances permitted, a separate and distinct house was procured as a fever hospital, to which they were removed; the first hospital being whitewashed, cleaned, and occupied solely by surgical cases. All this, however, could not be effected before there were victims.

Death occurred from secondary hemorrhages in - -	3 cases.
From tetanus in - - -	1 case.
From fever in - - -	4 cases.

Among the last, Hutchins, whose hand had been amputated, being the only death among those operated on.

Notwithstanding many depressing circumstances, hot climate and inappropriate hospital diet, no wounds could more rapidly and happily have got well. From the earliest dressing, cold water was universally used by the officers of the staff, who devoted themselves night and day to the care of the wounded, who were never left without one ready in case of accidental symptoms. Yet here, I regret to say, as in other services, no acknowledgement was ever made to those who shared the same danders in the field with those rewarded by military honors, and whose most toilsome duties were continued for weeks after, while their companions were resting on their newly acquired rank.

I have ever been opposed to the use of poultices as uncertain and offensive applications. To be of use, they should be at least half an inch thick, and changed every three hours. This is often wearisome to the patient, requires the movement of a limb or part which should be kept quiet, and produces an irritability and dread on the part of the patient. It is frequently impossible to prevent the bed from being soiled by the poultice slipping. All this may be avoided by water dressings; if cold be most grateful, by a folded linen cloth dipped in water and laid loosely over the part, or kept moist and cool by a drip from a vessel suspended above; if warm be preferred, by covering the wet cloth with oil silk it soon acquires the temperature of the part, and becomes a light and elegant poultice. Various medicinal agents may be thus applied of a sedative or stimulating character.

This dressing is the more applicable in tropical regions, where it is desirable to keep the wounded cool and clean. The months of April and May, in Granada, are the warmest of the summer season, being at the end of the dry period. The climate of Granada is warm throughout the year; the nights pleasant enough for refreshing sleep. Observations made with the barometer and thermometer, during the month of April, showed as follows:

	Monthly Mean.		
	7 A.M.	2 P.M.	9 P.M:
Barometer, -	29.89	29.85	29.90
Attached therm'ter,	80.9	91.7	83.
Therm'ter in open air,	80.4	91.1	82.6

The air is mostly dry; no rain falling; the sky clear; the wind light, and constant from the east. This wind prevailed during nearly six months of the year, and blowing over an extensive swampy region lying to the N. E. of the city, is the source of the malarial fevers which prevail during the summer and autumnal months. During the rainy season, which is perfectly delightful, the prevailing wind is from the W. and S. W.; the rain falling in short and heavy showers in the afternoon and night, often accompanied by heavy thunder and vivid lightnings. It is during these months, from June to November, that Nature adorns the land with her garb of most luxuriant foliage, when the fields of corn and sugar cane wave most gracefully in the breezes, laden with rich perfume from the orange and gorgeous flowering productions of the land. To enjoy nature in perfection, to realize our sweetest fancies, it is necessary to dwell in the tropics, where trees never know the age of the "sere and yellow leaf," and the fields ever retain their brilliant verdure; where cloudy skies and chilling winds are never felt; where a glowing sun, bright blue sky, and a luxuriant and varied foliage ever smile. Such is the climate of Nicaragua, varying in its different parts to suit the cooler fancies and more material tastes of business men. The city of Granada, on the border of the lake of Nicaragua, is the only unhealthy locality in the State, arising from the causes above related, but comparing favorably with most of our Southern cities. But it is not my intention, at present, to enter in a detail of the climatology and productions of the State.

Gun-shot wounds, so rarely presented to the surgeon in civil practice, afford the army surgeon a specialty of great interest, especially when occurring in numbers, where he himself is a witness of them, and has them under his special notice from the time of infliction to their termination in recovery or death. The miraculous relations of old writers as to effect of windage, spent balls, &c., have been long proved to be fabulous in many of their details, while the introduction of new and more destructive weapons offer a new and more interesting field of observation, and a class of injuries rarely or never seen, except after a battle.

The introduction of the Minie musket and rifle has created an almost entirely new class of gun-shot wounds, remarkable for the distance at which they strike, the great destruction of soft parts, the complete comminution of the bones struck, the greater tendency to secondary hemorrhage, and greater urgency for amputations. Following such wounds is a greater amount of constitutional disturbance, higher degree of inflammatory action, more profuse purulent discharge, and a much more protracted period of recovery; calling on the surgeon for a more patient and devoted attention to his cases, and the exercise of a careful and experienced judgment in his proceedings. This class hold an intermediate place between the ordinary wounds of small arms, and those produced by artillery, and a full knowledge of both must guide the surgeon in the middle course.

The weight of opinion among British and French army surgeons is in favor of immediate or primary operations in all cases requiring surgical interference; but regard must be had to the circumstances in each particular contingency; to the convenience of place, and, to some extent, the anticipated result of the battle in which the wounds are inflicted; but this subject has been so ably discussed by those far more experienced and capable than myself, I do not offer even a concurring assent. Conservative surgery has taught us so much, however, during the last few years,as to the power of saving whole limbs by the exsection of joints, that we may, under the most favorable circumstances, preserve for our patients important members which our teachers, not long since, would have condemned to the knife. To the records of the late European campaign, and the experience arising from so vast and instructive a school, we most respectfully look for our most instructive lessens.

In a subsequent paper, I propose to give a short account of the topography and climatology of the State, and the prevailing diseases among strangers and the native population, and the influence of *tropical climates generally* upon Europeans. Long since, I had doubts of what is termed "acclimation;" but personal experience, confirmed by that of several highly intelligent medical men, has taught me that it is rare. Individuals may accommodate themselves to the habits of a people, and even enjoy a good degree of health; but, both physically and mentally, they degenerate.

The active and exposed duties of a soldier, however, rapidly tell upon his effectiveness. I have seen troops in Texas, where military service has been severe, exercise on scouts and guard, under the influence of a tropical heat, actually wilt down, and for months remain feeble, pallid, and dejected. Such, too, has been the experience of the army surgeons in Florida. To keep troops for a series of years in such a climate, with the idea that they will become inured and insusceptible to its influences, is an egregious fallacy. The same remarks apply equally to females and children, inducing, among the first, obstinate forms of uterine and vaginal diseases; and in the latter, convulsions, diseases of the stomach and bowels, and even paralytic affections.

But, with these preliminary remarks, which are made rather to suggest thought upon the subject among those having opportunity of observation, I will close my paper, trusting to a more able pen for further teaching upon so interesting a topic.—*Amer. Jour. Med Sciences.*

NEW MODE OF OPERATING IN RESECTIONS OF THE ELBOW.

A very interesting case is now in St. Bartholomew's hospital, under the joint care of Mr. Lloyd and Mr. Paget. Previously to the operation, it was very instructive to find what the experience of the continental hospitals has been as regards this particular subject. One of Mr. Paget's colleagues, who joined in the consultation on the case, had just returned from Paris and Vienna, where he had made inquiries on the success or failure attending on resections; while another very eminent surgeon from Berlin happened also to be visiting the hospital, and suggested a very obvious and novel improvement—a mode of operation now followed at Berlin in a very great number of cases, and which, as recommended by M. Langenbeck, was adopted by Mr. Paget.

It may be of practical importance here to state, that re-sections of the knee-joint, as a rule, are not practiced in France and Germany. The doubts and dangers attending this mode of procedure are found in practice so great, that continental surgeons prefer amputation. It is to be noted, however, from the result of cases in the practice of Mr. Erichsen, Mr. Birkett, Mr. Holt, Mr. Ferguson, Mr. Coulson, and Mr. Selly, of London, Mr. Jones, of Jersey, Mr. Syme, of Edinburgh, Mr. Butcher, of Dublin, etc., that resections of the knee succeed best in children up to 10 or 12; but that, in patients of double that age, where the body has done growing, with the inferior sanitary and hygienic conditions of our London hospitals, the risks are proportionably increased, and we can not calculate with great certainty on securing any thing better than a short and not very serviceable extremity.

Our continental neighbors say we are too fond of cutting and display in operations on the knee and elbow; and that, in the latter operations, the orthodox H incision ought never to be the one chosen. We make a wound, then say, of almost interminable tediousness in healing; we destroy the ulnar nerve, and we unnecessarily expose the sawed ends of the bones, thus setting up osteo-myelitis. Mr. Paget accordingly adopted a new incision in the present case, neither the old H or F incision, but one well worth seeing, and only to be understood by observing the nature of the case itself—one of the most extensively diseased elbows that has ever been in St. Bartholomew's hospital. Previously to the operation the elbow was twice its natural size; the head of the radius, with its orbicular ligament, the neck, and almost the tuberosity, could be seen and felt pushed through the diseased mass. A probe passed down discovered all the usual signs of extensive disease. The synovial membrane and ligaments were entirely destroyed. The operation was performed on the 27th ult. by the one small incision recommended by M. Langenbeck, and the following is a short abstract of the case:

J. B. aged 23, a somewhat delicate looking man, was admitted into St. Bartholomew's Hospital, under the care of Mr. Lloyd, some time in April of the present year, complaining of disease of his left elbow joint, with extensive suppuration—the result of an injury sustained by a severe fall just four months previous to his admission, and about ten months before Mr. Paget performed the operation. On his admission, the head of the radius and the surface of the external condyle were completely bare; yet it was hoped that, by rest in hospital and mild tonic and sedative treatment, the disease might be subdued. Mr. Lloyd accordingly ordered, for some weeks, mild poppy fomentations to be applied to the parts externally, and quinine, with generous diet, to be given internally.

May 14.—He was ordered to go on with the poppy fomentations, and to continue his quinine. The rest in hospital seems to be doing much good.

26th.—He is not making much way; his stomach has been sick, and he was ordered the effervescing draught. As a rule, he has been fed on the most nutritious food, with wine and porter, according to the state of his digestion, and to the more or less of feverishness which has appeared during the progress of the case.

In September, excision seemed to be the only chance. A case of Mr. Stanley's—of excision of the knee, which was amputated—did not seem to hold out much prospect of even resection succeeding, if not done before the man sank much lower. Accordingly, last month, Mr. Lloyd and Mr. Paget agreed to the operation of resection. Two very remarkable and successful cases of resection of the wrist joint, under the care of Mr. Stanley, have engendered a sort of *nil desperandum* philosophy in these cases in St. Bartholomew's; and though, a few years ago, amputation would have been resorted to, Mr. Paget determined to try the conservative plan by resection. It may be remarked, also, that there is now little or no discussion in hospitals as to the propriety of resections on the upper extremity, as originally held and initiated by Crampton and Syme; while, in resections of the knee, we are still very far from the truth. Mr. Paget, after the man was placed under chloroform, made one small simple incision, hoping that thereby the other openings in the parts in a state of ulceration would heal. The ends of the bones were next displaced and sawn off in the manner recently suggested by Mr. Syme. Very little exposure of the parts was necessary. The ulnar nerve was probably untouched, and the ordinary bent splint was dispensed with.

Oct. 8—The case is going on well.—*Association Med. Jour. Oct.* 8, 1856.

TRACHEAL TUBE, LONG WORN AFTER TRACHEOTOMY.

A man on whom tracheotomy had been performed about two years ago, by Mr. Birkett, at Guy's Hospital, under very urgent circumstances, accidentally again came under observation in the same hospital the other day. He was discharged, still wearing the tracheal tube, and has continued ever since to do so. It was retained entirely at his own wish, and as a precautionary measure, as he could breathe very fairly without it. At the time of the operation he was pulseless, and, to all appearances, quite dead from dyspnœa; and such was his horror of a repetition of the circumstance, that he insisted on being allowed to keep the tube in. The original disease was inflammatory œdema of the glottis, supervening on chronic syphilitic disease; and on the morning of the occurrence he had been sufficiently well to be allowed to leave another hospital of which he had been an inmate. There is, therefore, reason to believe that no very great amount of ulceration or cicatrization existed. He is now in excellent health, and breathes sufficiently well through the larynx to allow of the tube being worn covered over by his cravat. When it is so covered he can speak with sufficient clearness to be well understood, and even to be heard at some distance. He states that he has had some colds on the chest recently, but not, he thinks, either more frequently or of greater severity than he used to be liable to before the trachea was opened. The case adds another to the list of several which we have recorded, in which tracheal tubes have been worn for long periods, not only without inconvenience, but with great comfort. In some cases, undoubtedly, the admission of cold air directly ~~into~~ the trachea is productive of liability to bronchitic attacks of more or less severity, but these seem quite exceptional. Very probably the adaptation of some folds of wire gauze, on the principle of Jeffrey's respirator, might even in these cases obviate the inconvenience.—*Med. Times & Gazette, Dec.* 27, 1856.

EMPYEMA AND PUNCTURE OF THE CHEST.

There is a case (a lad named Marsh) under Mr. Lloyd's care in St. Bartholomew's, well worthy of attention as an example of some of the events of empyema. He has been under our observation in different hospitals for nearly three years. In the first instance, he was a remarkable example of immunity from constitutional disturbance while one pleural sac was full of pus. Admitted into St. Bartholomew's Hospital within a few weeks of the original pleurisy (the symptoms of which had been very slight indeed), he was so well as to be able to go up and down stairs, and assist the nurses in carrying things for the other patients. His left chest was perfectly dull, but a large majority of those who saw him expressed the most confident opinion that the fluid could not be other than serum, or he must show greater signs of ill health. While in the hospital he had scarlet fever, went well through it, and recovered well. He left the hospital *in statu quo* as regards the chest, and returned home to assist his father, in work as a bricklayer! About six months later, however, a proof of the correctness of the diagnosis held from the first by Mr. Lloyd and some others, he suddenly began to expectorate pus freely. This continued, and afterwards the matter made its way through an intercostal space, and an external opening was made. This repeatedly healed up, and was repeatedly reopened, he remaining throughout, in spite of the profuse discharge, in fair health. He was under Dr. Peacock's care in the City Hospital for Chest Diseases, for some months. A week or two ago, Mr. Lloyd made a free opening into the chest, and there seems a fair chance of the cavity being emptied, should he have strength to survive the process.

A case illustrating the same point, as regards the extreme obscurity of early symptoms, is under Mr. Hutchinson's care as an out-patient at the Metropolitan Free Hospital. A little girl, aged 4, was attended throughout a feverish illness, by a parish medical officer, who told her mother that she had remittent fever. Her mother was positive that throughout this she never complained of pain in the chest. Not regaining her strength, she was taken to a very excellent and experienced physician, who heard the history, and seeing nothing to lead him to the chest, did not make an examination of it. She had been under his care about a month, when a large fluctuating swelling becoming apparent in front of the chest, she was sent to Mr. Hutchinson to have "a burrowing abscess under the pectoral muscle opened." A few taps on the chest soon rectified this diagnosis, and showed that the pleural sac (the left) was distended with fluid, and the heart pushed over to the right of the sternum. Within a day or two, a second collection of matter externally showed itself, and both were opened. Since then (about two months) the lower puncture has continued to discharge, and the pleura is now fast emptying itself. The child's health is fair, and steadily improving.

A similar case to this, which we mentioned eighteen months ago, as under the care of Dr. Ramskill and Mr. Hutchinson, has since ended in complete recovery. The patient, a little boy of 10, is in excellent health, the fistula soundly closed, and the chest but little contracted.—*Med. Times & Gazette*, *Dec.* 27.

LECTURE ON PUERPERAL FEVER.

BY W. TYLER SMITH.

About three thousand mothers die in childbed, annually, in England and Wales. This is an average of nearly eight deaths every day from this cause. The proportion of maternal deaths to the births, registered in several years, was found to be 1 in 171. This mortality, it must be remembered, occurs for the most part to women in the prime of life, and previously in the enjoyment of full and vigorous health. Amongst the causes of death during the puerperal period, the disease we are now considering is, of all others, the most important and fatal. The fatality from childbed fever is, however, in the present day, moderate, when compared with the epidemics of former times, in which, of those attacked, positively none recovered; but though it is still little amenable to treatment, when it exists, there is reason to hope that preventive medicine may hereafter almost, if not entirely, eradicate this formidable disease.

The histories of puerperal epidemics and outbreaks show great diversity in the symptoms and progress of the disorder at different times. This disease evidently varies with the constitution of disease at the time it prevails, being at one time intensely inflammatory, at another time putrid, in its form. In some seasons and places the liver, in others the peritoneum, in others the uterus, in others the intestinal canal, have been attacked; and in some of the worst examples, pathology has found no other change after death than fluidity and altered color of the blood. It may be said, in fact, upon a review of the numerous descriptions of puerperal fever, that there is hardly a form of fever or inflammatory disease which it has not, to some extent, resembled in character. The great diversities witnessed in this disease have led modern observers to assert that under the term "puerperal fever" many different and separate diseases had been described, such as phlebitis, peritonitis, hysteritis, enteritis, typhus fever, remittent fever, erysipelas, toxæmia, and other forms of disease. The tendency has been, in modern times, to dwell upon the special manifestation of the disease, and to consider that all the various phases of the disease depend on some local disorder, or upon some specific combination of morbid phenomena. One after another, various morbid conditions have been thought to form the chief part of the disease. At the present day, the doctrine of uterine phlebitis may be said to hold this kind of pre-eminence, and there is a general tendency to consider that all the local and constitutional symptoms and pathological changes arise from this source.

The more puerperal fever is investigated and tracked, as it were, to its elements or origin, the less satisfactory does any partial or local explanation of its nature become. In the progress of such examination, it appears more and more evident that there is a puerperal poison to which the lying-in woman is liable, and which produces all the varied phenomena of puerperal fever met with in different epidemics, localities, seasons, and constitutions. In one time or person, peritonitis is produced; in another, metritis; in another, phlebitis; in another, mammary or other abscesses; in another, low fever; in another, intestinal irritation; in another, dissolution of the blood, without a trace of local inflammatory disorder; and so on throughout the list of local or special disorders which have been described by authors in puerperal fever. It may be questioned, even, if phlebitis ever occurs without a poisoned condition of the blood, produced either as the result of a contagion, epidemic influence, or the absorption of putrid matter from the uterus.

Thus, in the earliest pathological arrangements, a great number of disordered states were grouped together as puerperal fever, without attempt at discrimination or analysis; next came a laborious separation of the different forms and manifestations of the disease; and the subject seems at the present time ripe for allaying the numerous affections met with in puerperal fever together, in their origin from a common cause—namely, some animal poison or zymotic influence.

Of the occasional sporadic appearance of puerperal fever and its allied disorders, there can be no doubt. In all seasons, taking large communities, or large areas, isolated cases are met with in different localities, and in the practices of different medical men, where single patients are attacked, and where the disorder is not so severe as to extend itself by contagion or infection. In these cases, when the poisonous element is produced by the patient attacked, it probably originates from the state of the blood incidental to delivery, or depends upon the absorption of irritating or putrid lochial discharges, decomposed coagula, or portions of retained placenta. A single case produced in this way, may become contagious, and cause the disease in other patients, through the medium of nurses or attendants. It seems to be clearly made out, that in cases of this kind, and, indeed, in all cases in which contagion or infection is concerned in the propagation of puerperal disease, the risk of the spread of the disorder is greater in proportion to the adynamic type of the cases which first occur. In inflammatory cases, the risk of the communication of the disease is less than in the purer forms of fever. The most convincing proof of the sporadic origin of some cases of puerperal fever is found in those instances in which single cases occur, and no other cases happen either in the neighborhood or at about the same time.

As distinct from the sporadic appearance of puerperal disease, we have epidemics of puerperal fever, or puerperal inflammation, in which the disease, in its various complications, rages in certain hospitals or districts, being very dangerous at the outset, attacking the patients of different medical men simultaneously, prevailing for a certain time, and then becoming weaker and more manageable in type, until it at length disappears altogether. Epidemics of puerperal fever originate in the crowding of puerperal women together; and in the epidemic prevalence of erysipelas, hospital fever, typhus, or other disorders allied in their nature to the puerperal disease. In epidemics of this as well as of other disorders, it is exceedingly difficult in any given case to prove whether it arises from epidemic or contagious influence. The best proof we have of the existence of puerperal fever in an epidemic form, is drawn from those examples in which the disease appears in certain towns or districts and affects the patients of all the medical men alike, but is certainly not confined to the practice of one or two accoucheurs. It is observed that when puerperal fever prevails epidemically in the human subject, the lower animals die in large numbers of diseases connected with parturition.

Besides the sporadic and epidemic appearance of the disease, we have, in my opinion, evidence as irrefragable as that which can be advanced in the case of any other malady whatever, that it sometimes rages as the result of contagion and infection. Those who deny the influence of contagion, magnify the facts relating to the sporadic and epidemic prevalence of this disorder, and seek to apply them to the universal explanation of cases in which contagiousness appears most manifest. It is natural, observes Dr. Farr, for any man to shrink with horror from the supposition that he has communicated so fatal a disease to his patients, and to be disposed to receive any other explanation than that which refers it to contagion. Nevertheless, the interests of truth and humanity demand that the evidence of the contagiousness of puerperal fever should be put prominently forward.

The following are examples of the kind of evidence which exists in proof of the contagiousness of puerperal fever, and it may be necessary to state that facts of a similar kind to those now advanced might be multiplied to almost any extent:—

A practitioner, for instance, had been attending cases of typhus fever. Within the space of four days he delivered five women. All these women were attacked with puerperal fever, and all of them died. This was in a country practice, and the cases were remote from each other. Different practices intersected the practice of this medical man at various points, but no other cases were known to have occurred in the neighborhood. Again, a patient suffering from typhus fever was admitted into a lying-in hospital, where she remained for a few hours only. In the beds on the right hand and the left of this patient were two lying-in women; both were attacked almost immediately with puerperal fever, and both died. Take another case: a medical man was in constant attendance upon a patient suffering from gangrenous erysipelas, and between the 8th of January and the 22d of March, he attended the labors of ten women; all had puerperal fever, and eight of the patients died. This was in a town of moderate size, and no other patients in the place were known to have had puerperal fever. In another recorded instance, two medical men, brothers and partners, attended in the space of five months twenty cases of midwifery. Of these, fourteen were affected with puerperal fever, a fatal result ensuing in eight cases. The only other known death from puerperal fever, in the same town, within the period named, occurred in the case of a patient attended by a medical man who had assisted at the post mortem of one of the puerperal patients. During this disastrous period, the two brothers relinquished all their midwifery engagements for one month, in which time five of their cases were attended by other practitioners, and no instance of fever occurred in the course of that month. They then returned, and several fatal cases again happened. It is difficult to imagine anything more conclusive as regards the doctrine of contagion. A curious history in point is related by Dr. Ingleby. Two practitioners attended a post-mortem where the patient died from this disease. One was summoned in one direction to a midwifery patient, who was attacked with puerperal fever; the other attended two cases in succession, both of whom were seized with the same disease. Dr. Roberton relates, perhaps, one of the most cogent instances of contagion and fatality on record. In the space of one calendar month, a certain midwife attended twenty cases belonging to a lying-in charity; of these, sixteen had puerperal fever, and all died. The other midwives of the same charity, working in the same districts, attended in the same time 380 cases, none of whom were affected with puerperal fever. In a large town, containing many thousands of inhabitants, and numerous medical men, fifty-three cases of puerperal fever occurred. Of these, no less than forty happened in the practice of one medical man and his assistant.

In the face of such facts as these, it does not become us to hesitate, or give out an uncertain sound respecting the contagiousness of puerperal fever. It is better to know the worst, fear the worst, and guard against the worst, than to harbor undecided opinions. I have known several instances where medical men, believing in the non-contagiousness of the disease, or hesitating between the two opinions, had gone on attending patient after patient with fatal results, until convinced of the mistake they had fallen into by successive deaths. No doubt sporadic and epidemic seizures are sometimes mixed up with those of a contagious origin, in such a manner as to require much clear-sightedness to penetrate the confusion; but the facts of contagion are, as it appears to me, placed beyond all question, and should never be lost sight of by practical accoucheurs.

Those who oppose the view of the contagious nature of puerperal fever, argue that the cases which seem most conclusively to demonstrate the communicability of the disease from one patient to another by the attendants, really depend on epidemic influences. They point also to the occasional sporadic appearance of single cases in different parts of the same city or district, in the practice of different medical men. It is also insisted upon that in some cases lying-in women have been exposed to the influence of surgical fever, or have been present in wards containing patients ill of peritonitis, without contracting puerperal fever. The very intensity of the contagious principle has been used as an argument against the existence of a contagion. It has been said—how could any poison cling to an accoucheur for several weeks, as in those instances where medical men meeting with puerperal cases have relinquished practice for awhile, but on returning have brought the disease back with them? Great stress has been laid upon personal experience, as in the case of Dr. Meigs, who attended as the consulting physician upon numerous cases in an outbreak of the disease which occurred to another practitioner, but Dr. Meigs himself never took the disease to any of his own patients. It appears to me that these difficulties are much more easy of explanation than the difficulties attending those cases in which contagion seems to be most convincingly proved. Some persons may be more liable to convey infection than others, just as one individual is more prone to infection than another. At certain times, from reasons which we cannot understand, but which we know must exist, the human organism is in such a state that exposure to infection and contagion does not affect it. Perhaps one of the strongest arguments in favor of infection or contagion is drawn from the preventive treatment of the disease. All the great reductions in the mortality have arisen from measures calculated to remove infection and contagion. In the course of a few years the mortality in the great hospital of Vienna was reduced from 1 in 10 to 1 in 74 of the mothers delivered, by the precautions taken to prevent the inoculation and infection of lying-in women. In this country the disease is much less formidable than it formerly was—a circumstance which is greatly owing to the care taken in preventing the spread of the disease by contagion and infection.

It is further necessary to insist upon the fact, that the contagious principle in the case of puerperal fever, is not limited to the transmission of puerperal fever, nor to the communication of infection from one puerperal patient to another, either directly to the lying-in woman or by attendants or nurses, but that it may be conveyed in the shape of several other animal poisons. One of the most remarkable points connected with the puerperal poison is the fact, that setting aside its sporadic and epidemic appearances, it may, in the first instance, originate from a variety of causes external to the patient herself. When once produced in this manner in single cases, it may be propagated amongst puerperal women by infection and contagion. The exposure of puerperal patients to the influence of hospital gangrene will produce the disease. Medical men in attendance upon cases of erysipelas have given their patients puerperal fever. It has been made out very conclusively by Semelweiss and others, that the miasms derived from the dissecting room will excite puerperal disease. Exposure of the puerperal woman to the poison of scarlatina will give rise to puerperal disease in patients proof against the reception of scarlet fever itself. The mortality amongst childbed women seized with small-pox is well known, and such patients die with the symptoms of puerperal disease, in addition to the variola. With respect to the disorders named, and probably others also, such as putrid sore-throat and sloughs or abscesses, some law evidently exists by which they may all be respectively converted into the puerperal poison. In some cases, puerperal fever and erysipelas have been observed together at the same time, and in the same patient.

A curious circumstance connected with the poison of puerperal fever is, that it may be communicated in other forms to the nurses, or attendants, and even to males. The husbands of puerperal women may be attacked by sore-throat, erysipelas, or typhus fever. Within the last few years an accomplished physician-accoucheur of this metropolis was cut off suddenly by putrid fever, after examining a woman suffering from puerperal disease. In some of the cases where the same medical man has lost numerous cases in succession, as many men and women have died from fever or erysipelas, as those who have perished from the puerperal disease. Thus, we have evidence that erysipelas, gangrene, fever, &c., in males or unimpregnated women, may produce childbed fever, and we have the converse proof that this fever may excite other dangerous disorders, as the result of contagion, in non-puerperal persons.

How is this subtle poison conveyed from person to person? In what media of communication can it lurk? Through what channel can it reach the puerperal woman? The clothes, hair, and touch of the person exposed to the poisonous influence have been supposed to be the chief means of infection and contagion; but very remarkable cases are on record, such, for instance, as when the accoucheur has shaved his head, changed the whole of his clothes, cleaned himself by hot baths and vapor baths, and soaked his hands in disinfecting solutions, and yet he has taken the malady about with him. I believe that in such cases the blood of the person acting as the medium of infection is affected, and that by the breath a certain halitus or infectious influence is given out, which acts upon the blood of the puerperal woman through her lungs, and thus conveys to her system the germs of the disease. As this point has a practical bearing of some importance, I desire in this place to make a few observations which may explain the position I have assumed.

If we attend a post-mortem when the smell is peculiar, if we spend some time in a lying-in room, where the odor of the lochia is very strong, or if we go into any very powerful smell, the taint evidently enters the body by means of the lungs, and can be perceived subjectively by the taste or smell, or its odor can be distinctly perceived in the saliva, in eructations from the stomach, or in the urinary, cutaneous, and other secretions. Although the party thus affected may not have been exposed to the miasma or smell but for a short time, his blood gives evidence of infection for many hours, or in some cases for several days afterward. Some habits are more prone to receive and retain this kind of infection than others. It remains so long in some cases that the odor would seem to have a power of sustenation or reproduction, otherwise it is difficult to suppose that an odor to which the lungs have been exposed, it may be for a few minutes, can infect the blood and all the secretions for twenty-four or forty-eight hours. If we can trace in this way the influence of a bad odor, surely we may admit that the same thing may happen with reference to the wonderful subtle poison or germ in puerperal fever, or those influences which are evidently convertible into the puerperal poison, and manifest similar results in the lying-in woman. I believe that the blood of the accoucheur may take up a dose of puerperal poison without manifesting any special results in his own system, and that he may communicate it through the medium of the lungs to his patient. In the case of a poison so subtle, the air we breathe unites the circulations of the accoucheur and patient, and renders them, as it were, one. This is, probably, one great mode in which animal poisons generally are diffused. We know that the blood of persons attending patients in scarlatina, measels, and small-pox, is infected, although they are proof against the disease; and in one remarkable instance we have the positive proof that the blood is the medium of infection. I refer to cases in which pregnant women who have had small-pox in childbed, and are proof against infection, but who, on being exposed to the poison, convey the disease to the fœtus in utero. Here the blood of the mother must be the medium of communication between the patient suffering from small-pox and the ovum hidden in the womb, and the lungs of the mother must be the channel by which the poison enters the circulation. This illustrates very well what I mean by saying that the blood of the accoucheur, or attendants, is one great medium which conveys the poison of puerperal fever. The saturation of the blood of the accoucheur, nurse, or midwife, may remain for a considerable time; for cases are on record in which every case attended by certain individuals for weeks or months have been affected by the disease. A practical point deducible from these remarks is, that in attending lying-in patients, after the slightest exposure to the puerperal poison, or to any miasma which can be converted into this poison, or its equivalent, in the lying-in woman, we should be especially careful not to go so near as to establish any communication between the lungs of the practitioner and patient. In saying this, I do not mean that other means of conveying the poison, as by clothes, hair, and the surface of the body, should not also be guarded against.

The fiercest outbreaks of this disorder have occurred in lying-in hospitals, or in hospitals where lying-in women are received with surgical and medical cases, and where erysipelas, gangrene, or fever has prevailed. On this account, many have doubted whether lying-in hospitals are not mischievous than otherwise, in the present limited state of our knowledge of the means of preventing puerperal fever. Women confined even in misery and squalor in their own homes are less liable to this disease than patients collected together in hospitals, even when the greatest care, as regards cleanliness and ventilation is observed. All lying-in women should, as far as possible, be removed from the neighborhood of any contagious, epidemic, or infectious disease. It should be a rule of the practical accoucheur to have as little as possible to do with any of the animal poisons which give rise to puerperal fever. He should avoid autopsies, especially in cases of death from childbed fever, or ordinary inflammation. The student should not attend midwifery cases while he is dissecting. After an attendance upon any suspicious case, the practitioner should change his clothes, or have them hung up in a room exposed to the fumes of chlorine. I have no doubt it would be useful for him to inhale the diluted fumes of chlorine several times a day, and after touching anything connected with any source of danger, to rinse his hands in a solution of chloride of lime, or chloride of zinc. It is impossible to be too scrupulous, in a matter of such moment, and I have known some accoucheurs who, on entering a lying-in room, always wash their hands before making an examination.

In the next lecture I propose to consider the special character of puerperal fever in its various manifestations, and the rules of treatment.—*London Lancet*, Nov. 8, 1856.

PROHIBITION OF QUACKERY IN RUSSIA.

The present Emperor of Russia has evidently taken warning by the fate of his father, who is understood to have favored homœopathy, and to have been attended by a homœopathic physician—"hinc illæ lachrymæ." He has prohibited quackery and quacks throughout all the Russias, with an imperial disregard to the vested interests of the undertakers. At a medical meeting recently held in Paris, a vote of thanks to the Emperor Alexander for setting so good examples was proposed, and, after some opposition, carried. It was to be accompanied by an honorary diploma of fellowship! We anticipate the reply will somewhat resemble that of King Agesilaus, as Plutarch tells the story.. "Menecrates, the physician, having succeeded in some desperate cases, got the surname of Jupiter. In his vanity he wrote a letter to the king. 'Menecrates Jupiter to King Agesilaus: health.' The answer began thus—'Agesilaus to Menecrates: his senses.'"—*Lancet*, Nov. 29, 1856.

DUMBNESS AND APHONIA, OF TWELVE YEARS STANDING, CURED BY ELECTRICITY.

Prof. Sedillot, of Strasburgh, lately brought this case before the Academy of Sciences of Paris. The details run thus:—the patient, a woman, thirty years of age, had been visited twelve years before admission (Nov. 19th, 1855) with complete dumbness and aphonia, in consequence of a fright. Various modes of treatment had been tried without success. The patient understood everything said around her, and answered by gestures; but could utter neither word nor sound. The tongue was retracted, and directed upward, the woman not being able to bring the apex in contact with the teeth. Deglutition and general health good.

Prof. Sedillot suspected a paralysis of the genio-glossi, and the muscles connected with the chordæ vocales. Inductive electricity was therefore tried, one pole being placed alternately on different parts of the tongue and the other on the mastoid process, the superior and posterior part of the neck, and various points of the face. Some pain was experienced, but the tongue moved more freely. The first sitting lasted merely a few minutes, and was not repeated until one week afterward, owing to severe headache, which had followed the application of electricity.

After the second sitting the tongue could be protruded between the lips, and the patient began to talk distinctly, though the voice had as yet not quite returned. Pain was experienced in the region of the styloid process and the hyoid bone, when efforts at articulation were made, depending, very probably, on the fatigue of the muscles, which had just recovered their tone. The improvement became more and more manifest by a few more sittings; and a fortnight after the last, the patient returned home perfectly restored. Several cases of recovery of speech, by means of electricity have been recorded; but none in which the affection was of such long standing, and so rapidly cured.—*Lancet, May* 10th, 1855.

TREATMENT OF AGUE BY IODIDE OF POTASSIUM.

BY E. F. SANKEY, ESQ.

[Cases of ague are not uncommon which resist the usual treatment by quinine, arsenic, &c.; it was in such cases that Dr. Williams, some three years ago, recommended the bromide of potassium; this is a remedy which is not always at hand, and from the following statement it appears that the iodide of potassium will act equally well, for the author has used it in more than a hundred cases, and with a uniformly favorable result.—*Braithwaite.*]

In some cases, where the disease has been of long standing, and the patient very much reduced, I have added a grain or two of quinine to each dose of the iodide of potassium; but my general prescription has been, for an adult—

℞ Potass. iodid. ʒiss,
Aqua menth. pip. ℥xij. M.
Two tablespoonfuls every four hours.

So that there could be no doubt what was the remedy that cured the disease. In proof of the value of this drug, I will only mention one case out of all that I have thus treated.

Mrs. Smith, aged 50, sent for me early last month, having suffered from tertian ague, off and on since September. Not being in very good circumstances, she went to the clergyman's wife of the parish in which she resided, who very kindly gave her some quinine, telling her it was no use sending for the medical man, as he *must* give her the same remedy. However, not getting well, she sent for me. After hearing what I have related, and finding that she had a tolerable pulse, her bowels open, and motions healthy, with a clean tongue, I sent her nothing but the above mixture; and she never had a return of the ague after the second dose she took of it.—*Asso. Med. Jour. March* 15, 1856.

Part 3.—Editorial.

LAGER BEER AND POISONED LIQUORS.

The liquor inspector of Hamilton county reports that he has been able to find but a *very* small quantity of pure liquors in this market. He has found in them almost every variety of poison—all appearing to be made from the same as *poor whiskey*.

When it is now ascertained that thousands of hogs are dying from eating the still-slop, a portion of the poison having passed into it in distilling, is it surprising to hear that these poisonous liquors are killing the human family by thousmads? The time was in this country, when men of strong constitutions would live even to a ripe old age, and yet be in the habit of using daily a small quantity of spirituous liquor; but now, a man cannot last more than from three to five years, and hard drinkers will not last two years.

Lager beer drinking has become one of the great vices of our city; it blunts the intellect, stupefying the mind in every respect, and comes nearer changing the drinker into his anatomical prototype, the hog, than any other habit among men; and we may safely estimate the deaths in our city for the last year, from this practice alone, at several hundred.

Our legislature has recently enacted a law inflicting a severe penalty for the manufacture and sale of these poisons. We would advise all persons to avoid the use of such poisons as they would arsenic, prussic acid, antimony and mercury.

LIBRARY OF THE E. M. INSTITUTE.

Our thanks, on behalf of the Faculty, are due to Messrs. Fowler & Wells, S. S. & W. Wood, Putnam & Co., B. Keith & Co., and Prof. Green, of New York, for very liberal donations of valuable books to the library of the Eclectic Medical Institute. Also to Edward H. Dixon, M. D., of New York, editor of the *Scalpel*, for a bound set of that journal from its commencement to the present time. It gives us pleasure to state to our numerous readers, that he has changed the form of the Scalpel back again to its former size, and publishes it quarterly, as heretofore. Gentlemen, send on a dollar to him at No. 42 Fifth Avenue, New York, and get this independent and racy journal, and if, at the end of the year, you are not satisfied that you have got the worth of your money, send to us and we will refund you the dollar.

POISON FOR SALE.

At this time, a man can get himself poisoned in this city according to fancy or order, or even garroted against his will. If he wishes a quick job, he can send to a druggist and obtain a small amount of arsenic, or call upon some of our physicians and have his system so filled with mercury that, if his life is spared, nothing but Sanders' galvanic battery will remove the poison. If he wishes it done in a more genteel way, he steps up to a fashionable establishment, and orders his brandy, wine, whisky or lager beer, which soon does the business for him. Or if one prefers to take it as food, he has only to buy a small quantity of fresh pork from one of our best butchers, and he will get that which did not quite die of the poison contained in the still-slop on which it was fattened, although sufficiently poisoned to be nothing but a mass of corruption; and even thousands of the hogs that die at the distilleries are shipped to this city to be made into *lard* and soap.

If any of these poisons are not relished, he can be accommodated by using freely of "*pure sweet milk*" obtained from the many dairymen who live in our vicinity, and feed their stock upon the poisoned still-slop. That which is called milk thus obtained, is nothing but a diseased secretion produced by the most unhealthy and rotten animal to be found.

These are some of our peculiar advantages for being systematically and scientifically poisoned, and so potent are their operations, that thousands of persons are annually sent to an untimely grave. We will venture a wager of a thousand dollars, that neither cow or hog, fed upon still-slop, can be found, where a careful examination will not prove conclusively that the whole organism shows the existence of diseases of the worst kind; and also that every man whose system is saturated with mercury in any form, will remain more or less in this condition, and that all such can be relieved by the battery, under the law of the electrolysis of metals, regardless of the length of time since it was taken.

THE BOGUS OPERATORS AT THEIR OLD TRICKS.

Our amiable cotemporaries of the College Journal, in their issue for March, have republished a statement from our columns, which stands out in bold relief against their established reputation for mendacity. Under the head of "Concentrated Remedies," they unwittingly give B. Keith & Co. the following "first-rate" notice:

"We recently met a statement to which we wish to direct the attention of Mr. Jacob S. Merrill, of St. Louis, Mo.; Messrs. W. S. Merrill & Co. and F. D. Hill & Co., of this city; Prof. Kost, Bush & Co., of Worcester, Mass., as well as the Faculty of the Reform Medical College at Macon, Ga., and others, who take an interest in either the manufacture or use of concentrated medicines. The statement is in the following language: 'Messrs. Keith & Co. of New York, long stood nearly alone in the manufacture of these agents, *and in fact*, with the exception of Mr. T. C. Thorp, of this city, *so stand until the present time.* Mr. Thorp, as yet, does not manufacture all the agents which we get from Keith's laboratory in New York, and it is only recently that he seems to have endeavored to get up the articles which he manufactures in the best form.' We charge nothing for this advertisement."

The thanks of Messrs. Keith and Thorp are due, and we hereby tender them, in their behalf, for this excellent notice of their precedence and unrivalled success in the manufacture of concentrated medicines. We could wish that they would keep this article in type as a standing advertisement, not only that the distinguished individuals above mentioned might have their mental vision improved by its perusal, but also many others who have been misled by the malicious and ignorant statements of the College Journal, might have the scales removed from their eyes, by a consideration of its truthfulness. All our efforts to enlighten those medical mountebanks, the editors of the College Journal, have been like "seed sown in stony ground." The thorns and brambles of corrupt natures have choked the budding truths which have struggled for existence in the arid soils of their mental domains.

We are well aware, that he who penned the remarks which accompany the quotation made from our Journal, would not have been so complaisant had he really known how much of truth was contained in the lines he quoted. Perhaps it was some compunctious yearning to make amends for the fancied mischief he thought he had done to these gentlemen, which induced him to incorporate a few grains of wheat with his editorial chaff.

The statement in question, was true in every respect, and capable of the most convincing demonstration. But it was a gratuitous task to prove that which is self-evident. An enlightened profession responds from one end of the country to the other, in confirmation of the superiority of the preparations of these houses. They do "stand alone," in procuring *all* the valuable *active principles* which reside in the plants they manufacture, and also in being the only ones who prepare many of the most important remedies, in the form of a beautiful and convenient *Powder.*

Will the editors of the College Journal

or any other "lesser light," inform us who, except B. Keith & Co., has prepared Asclepin, Gelsemin, Veratrin, and many other invaluable medicines to be found in their list, in the form of a concentrated powder, embracing *all* the therapeutic principles of the plants? Can he mention any *one*, indeed, which they do manufacture which presents the *desideratum* of a *concentrated equivalent?* Are they not, in truth, *isolated apologies*, surreptitiously thrown into market, as good and reliable remedies? True, there are a few preparations under the designation of "Lactinated Powders," which assume claims to our notice, but they are nearly, or quite inert and worthless, being neither "fish, flesh, nor fowl," but consisting of starch, grape-sugar, gum, and other undeterminate substances, adulterated with sugar of milk. These have nearly or quite gone into disrepute, and are remembered only as the evidences of pharmaceutic failures, results usually pertaining to the efforts of tyros in organic chemistry.

It affords us no small degree of amusement to witness the puerile vaporings of the College Journal clique. Their venomous efforts to injure the reputation of the concentrated medicines prepared by B. Keith and Co., have had the contrary effect of that which they intended. They have served to awaken inquiry, and induce investigation, and the results have been such as to gain for all who have attempted to malign the firm or their remedies, an amiable reputation for malicious ignorance.

The remedies are all that they claim them to be, and up to the present time, no evidence to the contrary, from any *respectable* or *capable* source, has been adduced. The question of the *reliability* of their preparations, is one which this firm desire to have severely, yet fairly, and impartially tested, and the efforts of the College Journal to "keep it before the people," is by them highly appreciated. All that they ask is, that every honest and capable practitioner will investigate for himself, taking the *ipse dixit* of neither friend nor foe, and we predicate that their verdict will confirm our former statement, that they "stand alone" in the preparation of concentrated medicines containing all the proximate principles.

DR. E. T. BUSSELL'S SELF-ADJUSTING UTERINE CAUTERY.

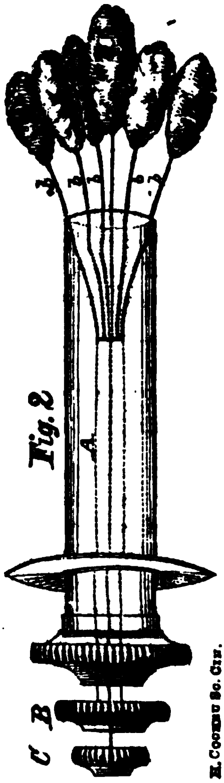

Fig. 2

The inventor and proprietor of this useful and beautiful instrument has exhibited one of them to us, and explained its uses and the manner of its application. If it only accomplish half what the theory of its use claims for it, it will prove to be what the profession have long needed in a class of female diseases largely on the increase.

By this instrument the patient will be enabled to make frequent applications of caustics and washes directly to the neck and mouth of the uterus, without involving the vaginal canal, as when the ordinary syringe is used.

It is composed of a metallic tube heavily plated with silver, within which four arms or plungers are made to move by being attached at their outer extremity to a milled button, as shown in the cut, while to the other extremity of each is attached a piece of very soft sponge. Inside those four arms or plungers is another central one, to the outer extremity of which is attached another milled button, while the other end is armed with a piece of sponge similar to that on the four surrounding arms.

By drawing the buttons back, the arms are carried within the tube, which is then introduced into the vaginal canal until it reaches the neck of the uterus, when if the first button is pressed forward, the four plunges, with their sponge-tipped extremities, are carried forward and spread outward, so as to remove any secretion which may cover the part, and separate the foldings of the vaginal canal. Then by pushing forward the central plunger, the sponge with which it is tipped will be carried in contact with the mouth of the uterus, and thus dry powders or solutions of the desired strength, may be brought directly in contact with the diseased part.

Mr. W. Z. Rees, No. 71 West Sixth street, Cincinnati, is the agent for the sale of these instruments.

NEW YORK COLLEGE COMMENCEMENTS FOR 1856–7.

University of New York.—One hundred and twenty received their degrees of Doctor of Medicine, at the close of the session. The three Medals instituted by Dr. Mott, were awarded as follows:

The first, or the Gold Medal, to Robert F. Garlin, of New York, for the best anatomical or anatomico-surgical preparation.

The second, or Silver Medal, to William H. Wilson, of New York, for the second best of that description.

The third, or Bronze Medal, to George S. Hardaway, of Georgia, for the best clinical report.

New York Medical College.—This institution terminated its winter labors by graduating thirty. The *Van Arcken* prizes for the best theses were awarded by the committee, through Dr. Frank Tuthill, its chairman: the first to Nehemiah Nickerson, of Connecticut, for his thesis on "Infantile Paralysis;" the second to N. E. Thrasher, of Vermont, for his thesis on "The effects of climate and exercise on the quantity and quality of Food;" and the third to John M. Farrington, of New York, for his thesis on "The Psycophysical Relations of Man."

College of Physicians and Surgeons.—The Commencement exercises of this institution took place Thursday evening, March 12. The degrees were conferred upon thirty-seven.

DR. KANE'S LAST ILLNESS.

Dr. F. S. Ainsworth, of Boston, who was at Havana, at the time of Dr. Kane's arrival, and saw him, in consultation with his physician, Dr. La Riverend, has given the following account of his illness:

> "Dr. Kane inherited a decided predisposition to rheumatic affection, and had from early life been subject to attacks of articular rheumatism. He suffered very severely from this disease after his return from the first Arctic expedition. The heart, also, had become involved, and he was thought to have a considerable degree of hypertrophy, together with thickening of the valves. So severely was he afflicted with articular rheumatism, while preparing for the last cruise in search of Sir John Franklin, that it was often necessary to apply frictions to the joints for an hour, before rising in the morning, in order to enable him to ride to the Navy Yard, where the "Advance" was fitting out.
>
> "Very soon after getting into the high latitude, however, these difficulties subsided—a result which would hardly have been anticipated, but which he had observed in his own case on his previous voyage. What his sufferings and exposures were during his Arctic expedition, is well

known; but it is proper to state that they were much more severe, and their effect upon his constitution more disastrous than would be supposed from the few allusions made to his own case in the published account of the expedition.

"On his return, his previous rheumatic and cardiac troubles had become complicated with scurvy; though very much exhausted and worn out by the hardships he had undergone, he allowed himself no time for repose, but labored incessantly in preparing the account of his expedition for publication. This fatigue, together with the great change in climate and habits, brought on a severe relapse of his constitutional disease, aggravated by the newly acquired scorbutic taint. He received little or no benefit from the treatment of his disease while in this country, and was advised to try a change of climate; accordingly, after the publication of his book, he sailed for England. Here his health became much better, all his symptoms were much improved, and he considered himself nearly restored to health. As, however, there still remained some traces of scurvy about him, his physicians advised him to spend the winter in the West Indies, for the benefit of the climate and fruits.

"Since his return from the North, there was somewhat remarkable change in his ability to bear the motion of the ship; he had become unusually sensitive to seasickness, which was brought on by even a slight rolling of the vessel. The voyage from London to St. Thomas was, however, well supported; while there, his health continued to improve, and at the end of six weeks he sailed for Havana. The ship in which he took passage was overtaken by a severe storm; he was very much affected by the motion of the vessel, and in the effort and strain of vomiting, ruptured a blood-vessel in the brain. Entire insensibility followed, and continued for several days after his arrival in Havana. A partial recovery took place after a few days, but the right side was found to be completely paralyzed.

"During the months of Dec. and January and until the 10th of February, he slowly rallied from this attack, and was able to walk a little about his room and to drive out. He recovered the use of the right hand and wrist to a great degree, and shortly before the second attack, was able to rotate the fore-arm. His mind was perfectly clear, although there was some loss of control over the memory. When he endeavored to recall any circumstance which had transpired, several others, more or less connected with it were remembered, from which he was unable to isolate the particular fact desired. Of this difficulty he was himself perfectly conscious.

"On the 10th of February, at the morning visit, he appeared more cheerful than usual, and conversed a good deal with those about him. About 11 o'clock, however, he was suddenly seized with a severe attack of apoplexy, which deprived him entirely of consciousness. There was, at first, considerable spasmodic action of the muscles, which simulated, in some degree, a fit of epilepsy. These symptoms soon subsided, leaving him with almost complete paralysis of the entire body. The iris responded to light, and the muscles of the pharynx acted when stimulated by fluids introduced into the mouth. The pulse was feeble, and varied from 120 to 140 beats. The skin was moist and cool. He remained very much in this state until death, which took place on the fifth day after the seizure. In this interval, however, he seemed to have recovered some degree of consciousness, and several times signified assent to a question by turning his eyes toward the speaker. There was some motion of the lips when a spoon was placed in the mouth, and once or twice he was able to make sensible pressure with the right hand. There was no indication of suffering during his last hours, and he died apparently from simple exhaustion.

"The tenacity of life in this case was quite remarkable. A constitution broken by chronic disease of many year's standing—a series of hardships and exposures almost unheard of, with all the depressing addition of care and responsibility—followed by an affection which for some months threatened his life; add to all these an attack of apoplexy, paralyzing entirely the right side, and in two months after a relapse affecting the whole body, and one can hardly conceive how life could have been sustained for so long a period as five days after the last shock.

"The treatment in this case was quite simple. On account of his previous illness and the scorbutic taint in his system, it was thought unsafe to resort to the active measures usually pursued in such cases. After the first attack, small doses of ext. nux vomica with quinine were administered. These were suspended after a time, through fear of increasing the cardiac disease, and a high tonic and antiscorbutic course was followed. After the second attack, a few leeches were applied, together with cold applications to the head.

GERMAN LABORATORIES.

We extract from an exchange, the following account of foreign Chemical Laboratories:

"The German Laboratories offer, certainly, very superior advantages to all who choose to be diligent; and one can stay with profit at almost any of them; but it is best for the student to spend some time in more than one. As it is a feature of German character to investigate particular branches, so the different laboratories vary according to the *forte* of their professors.

"For *Analytic Inorganic Chemistry*, the laboratory of Rose of Berlin has the highest reputation, but then he takes but one or two students, and these places are generally engaged beforehand. They have been filled by American students for some time.

"For *Analytic Organic Chemistry*, of course Liebig's laboratory in Munich, stands the highest. He takes about six students, and his laboratory arrangements are fine. It is not easy to get a place there, but an American can generally succeed. His charges are (I think) 64 florins ($24) per half year, and 20 florins ($8) more for his lectures.

"For various kinds of *Mineral Analysis*, as that of the silicates, for all kinds of gas determinations, and for general chemistry, the laboratory in Heidelberg, under Prof. Bunsen, stands decidedly at the head.

"Prof. Bunsen is the best gas analyst in the world, and his lectures on general chemistry are said to be as good as any delivered in Germany. The Professor is a most capital fellow. The laboratory is new and the best in Germany. It accommodates fifty students, and has been filled for the last year, but Americans can easily get places. Charges, 46 florins ($8 40) for laboratory, and 20 florins ($8) for lectures.

"For making chemical preparations, and the general study of organic chemistry, Prof. Wohler, of Gottingen, is, perhaps, the best. More Americans study with him than at any other laboratory in Europe, and I have heard him praised by all; but his laboratory is not as well arranged as some others. It is no place to study inorganic chemical analysis.

"For beginners, and those at work on *qualitative* analysis, the laboratory of Prof. Fresenius, at Wiesbaden, is very good, although for advanced students it is inferior to either of the two mentioned before it—Bunsen's and Wohler's. I have known some who have studied there, and they were pleased. I visited it but a few days ago. The arrangements are very good; charges were about the same as those at Heidelberg, I think, but cannot speak positively.

"The laboratory of Prof. Erdman, in Leipsic, is a very good one, and I know several Americans who have studied there. They were pleased, on the whole, but still hardly recommended the place; charges less than those mentioned; many lectures are free.

"These are the principal *German* laboratories, and for most purposes I would decidedly recommend those of Bunsen and Wohler as standing at the head, giving Bunsen the preference, as I think him the most philosophical chemist of the day.

"As near as I can ascertain, the laboratories of Paris are not as good for work as those of Germany, but one may hear good lectures in the *Winter*. I forgot to say that Bunsen's lectures are on General Inorganic Chemistry, there being two similar courses each year. Liebig's lectures are on Inorganic in Winter and Organic Chemistry in Summer. At all of these Universities there are various courses on technical, applied, and special Chemistry, by various professors, which are accessible.

"There are some five or six Professors of Chemistry in the Heidelberg University, and four working laboratories.

"In German Universities there are two terms per year (called *semestres*)—one commencing about the middle of October, and lasting until about March 15; the next commencing about May 15, and ending August 15. Chemical, as well as other students, must be *matriculated* in the University, which costs various prices in various Universities. Here it is about $4 40 (11 florins). Living expenses are rather less than in cities of corresponding size in America; and are, of course, modified by the wants and funds of the individual. A student can live for $400 per year, expenses all in;, can live easily, if economical, and buy some books, for $500; while many spend nearly twice that. The matter of books and apparatus is an important item, and both are cheaper than in America. Both must be furnished by the student himself; the laboratory furnishes nothing but the commonest articles.

"It is well to learn something of the language before coming here; but one acquires it faster here than at home. All the principal German Chemists speak English and French, and one can pick up enough of the German language in a few months to understand lectures, although it takes at least a year to become familiar enough to work well. The best time for entering the laboratories is with the Winter half year, or 15th of October, but one can enter at any time."

OUR SURGERY.

A VALUABLE WORK ON SURGERY.—Prof. R. S. Newton has now in press, in this city, a work on Surgery, which will be an important and valuable addition to the medical books of the United States. It is a reprint of Syme's Surgery, edited by Prof. Newton. Syme stands at the head of his profession in Scotland, and as a successful operator is known throughout all Christendom. His work of itself is invaluable to the Surgeon. Prof. Newton is one of the most successful Surgeons in the Western country, and is now ripe in experience. Syme belongs to the Allopathic School, and Newton to the Eclectic, and they, of course, differ materially in Pathology, Thus, the remedies of both systems are published together, accompanied by the tests and opinions of Syme and Newton, and presenting, it seems to us, a work which will be invaluable to every dical man: The book is being gotten up in the best style of the Cincinnati press, and will be issued in a few weeks.—*Cin. Daily Times.*

This work will be out before this Journal reaches all our readers, and all who have ordered the same, will be attended to immediately. Those wishing the work can be supplied by the trade. Price five dollars.

DEATH OF DR. RICE.

Some three years ago, H. C. Rice, son of Mr. J. H. Rice, of this township, after having studied medicine and graduated with great honor, left his home and went South, and located in Mississippi. He practiced his profession with eminent success in Aberdeen, and Columbus, Miss., till last fall, when he was employed, it seems, as Surgeon in Gen. Walker's army, and proceeded to Nicaragua. Nothing from that time had been heard of him till a few days ago, when the lamentable tidings reached the ears of the parents, that their beloved son had fallen a victim to cholera. It appears he died about the first of January, at the early age of twenty-four.

Dr. Rice bade fair to excel in his profession, and was even, at so early an age, a very skillful surgeon, and successful physician. He was a great favorite with his parents, especially the mother, who now is mourning the loss, with grief inexpressible, of her darling child. It is truly a great loss, when a young man of his capacity and sterling worth is snatched from life. —*Clermont* (*Ohio*) *Sun, February* 27.

Dr. Rice attended the Eclectic Medical Institute two sessions, and graduated at the close of the winter session of 1853–4.

We sympathize with the relatives of this estimable young man, who has thus been cut off in the midst of his usefulness, and at so early a period of life. His loss will be severely felt by all who made his acquaintance while at the Institute.

HISTORY OF THE INSTITUTE.

In consequence of the severe illness of Prof. Bickley, the fifth chapter of this history does not appear in the present number of the Journal.

THE

ECLECTIC MEDICAL JOURNAL.

FIFTH SERIES, VOLUME I. JUNE, 1857. NUMBER 6.

Part 1—Original Communications.

REPORTED CASES.

BY I. J. M. GOSS, M. D.

CASE I.—A case of acute rheumatism was presented to me in August last; the patient was Mr. J. C. J., of Texas, who, after the exposure incident to a trip by water and land from Texas to Georgia, contracted this disease. Symptoms were as follows: the right arm, from the shoulder to the ends of the fingers, very much swollen, exceedingly painful, and stiff—so stiff as to deprive him of the use or mobility of the entire limb; some febrile excitement or constitutional disturbance, as sick stomach and loss of appetite and sleep. I commenced the treatment with the medicated vapor bath, which consisted of camphor dissolved in alcohol, *ad saturandum*. The bath was continued twenty or thirty minutes, then the patient taken out and carefully wrapped up in bed, and gentle diaphoresis kept up for two hours.

The next morning he expressed himself very much relieved. The bath was repeated twice more, which resulted in a final cure—being accomplished in three days and nights. Now, I am confident that it would have taken me or any other man, as many weeks or months to have cured this case with depletant remedies, such as venesection, cathartics and blisters.

CASE II.—Another case was presented to me, which appeared hopeless, but I took charge of it, and am still treating it. It was one of myelitis in a chronic state, when I saw it first. The patient, a child near three years of age, had never been able to walk, or use the lower extremities, according to her volition; when she appeared to make an effort to walk or stand, the limbs would fall across each other. She seemed to have good use of her arms, and was as playful as usual for her age. She occasionally had convulsions, as her parents informed me; her bowels irregular at times.

I commenced the treatment by applying a strong embrocation of oil of cajeput, oil of lobelia, oil of capsicum, and camphoretted spirits. This I directed to be rubbed on the spine twice or thrice a day, as long as the cutis would bear it without being denuded, suspending it when irritation became very high. I made an antispasmodic mixture of compound tincture of lobelia, caulophyllin, macrotin, and a small portion of hyosciamin and lupulin, to prevent a return of the spasms, directing it to be given thrice per diem in the interval, and I left the compound tincture of lobelia to be given in emetic doses, to cut short the spasms when they should recur, which they did once lightly, from repletion, but were speedily arrested by the spasmodic tincture.

This case is rapidly improving; the little girl can now stand up by a chair, and move about by sliding the chair before her. The spasms have not returned, and she bids fair to get well.

Two cases of remittent fever were presented to me, from Floyd county, Ga. The first was a lady who had been treated by another physician for two or three months, with but partial benefit. He had given her quinine until she had become almost deaf; finally, he advised her to leave that locality, stating that she could not be cured by medicine in that place.

I commenced the treatment with 1-grain doses of cornin, hydrastin, quinine, and two grains of ferrocyanuret of iron, every three hours in the day, and at night a pill of two grains of leptandrin and one of podophyllin, to act on the liver and the alimentary canal. With this course she was soon restored to health. Now in this case, what could I have done without the resources of Eclecticism? She had already taken quinine as long as she could bear it, in sufficient doses to affect the nervous system.

The other case was a gentleman from the same county, who had been treated with like ill success. When I saw him I found him in an emaciated condition. He said he had taken nearly two ounces of quinine, and could net bear any more. I commenced the treatment of his case with cornin, hydrastin, caulophyllin, and ferrocyanuret of iron, in proper doses, which soon removed every trace of his disease. He soon returned home in good health, and has written back that he has remained in health ever since.

I will report one more case—a case of peculiar interest, which was one of puerperal fever, as it is called. Mrs. W. who had been confined some ten days previously, but had been laboring under fever of the puerperal character for several days. I commenced the treatment by applying a liniment of turpentine and tincture of camphor to the abdomen, over which I applied a warm pan-cake, and gave from four to five grains of compound powder of opii every three or four hours, with a small portion of tincture of lobelia and dulc. spirits of niter, to promote diaphoresis, and directing the bowels to be kept open with the comp. powder of jalap, or warm enemas. Under this course the patient convalesced very rapidly, and was soon able to sit up; but just as I had dismissed her she took diarrhea, and in a few days I was recalled to her, and found her in a very prostrated condition. The previous attack, and the diarrhea, had produced an alarming state of prostration—so much so, that I almost despaired of a successful result. However, I now commenced the treatment with geranin in five grain doses, to check the diarrhea, and cornin and hydrastin to support the fast failing vital forces. I sustained the patient's strength for some three weeks, before I could get the diarrhea entirely checked; but with the above remedies, perseveringly administered, I finally succeeded in restoring her to health. Now such was the condition of her stomach, that she could not have borne the requisite amount of tannin, catechu, acetate of lead, or any of the common astringents, long enough to have checked the diarrhea, nor could I have supported her strength without the above or similar treatment. Nothing acts so promptly as warmth and stimulants over the abdomen, in such cases. I do not find it necessary to bleed in the treatment of this disease.

Jefferson, Jackson Co., Ga., March, 1857.

ECLECTIC MEDICAL INSTITUTE, OF CINCINNATI.

The closing exercises of the Spring Session were held in the hall of the Institute, on Tuesday evening, May 12. After an eloquent and appropriate prayer by Rev. N. S. Smith, the report of the past session was made by Prof. R. S. Newton, as Treasurer of the Board of Trustees, from which it appeared that there had been fifty-three matriculants, twenty-two regular graduates, and seven honorary graduates.

Prof. Newton then, in the absence of the President of the Board, conferred the degree of *Doctor of Medicine* upon the following named gentlemen:

Joseph Barber, Illinois.
Azariah Jackson Buchy, Tennessee.
Branson Bywaters, Virginia.
William Mack Clover, Penn.
Orson H. Crandall, Illinois.
Erasmus Sigvert Dodd, Michigan.
John H. Fisher, Michigan.
Francis H. Fisk, Indiana.
John Milton Fraim, Tennessee.
Herod Dailey Garrison, Ohio.
William Huston Kendrick, Ind.
Joseph Alexander Leech, Miss.
Levi Wallastine Linn, Louisiana.
Joel Loomis, Michigan.
Daniel Webster McCarthy, Ohio.
Nehemiah Reed McGaughy, Miss.
William M. Naudain, Louisiana.
Willis Virgil Pratt, Kentucky.
William Fellers Spivey, Texas.
George Washington Stahl, Miss.
Richard Croel Tillery, Tennessee.
Charles Phelps Wells, Michigan.

After which, the valedictory address on behalf of the graduating class, was delivered by Dr. J. M. Fraim, one of their number, which was most cordially received, and warmly approbated.

Prof. Z. Freeman then addressed the graduates as follows:

Ladies and Gentlemen:

Gentlemen of the Graduating Class—Your high appreciation of our efforts to instruct you in Eclectic Medicine, is greatly prized by us, and assures us that we have not labored in vain for you.

Knowing the great responsibility resting upon us, the directors and modelers (as far as medicine is concerned) of your minds, we have tried to do our duty—to make the profession of your choice as attractive to you as possible. In our daily treatment of disease, we have made careful observation of every species and type that have come under our care, and taken particular note of each symptom, change, and feature, favorable or unfavorable to health, and also the treatment from the incipient stage of the disease to convalescence, that you may receive the full benefit of our utmost vigilance, and well developed experience. We have also searched with a careful eye, all of the standard works upon the healing art, and perused the medical literature of the day, both of Europe and this country, to obtain all the valuable information that is accessible, not only for our own pleasure and instruction, but for your profit and information, that you may not be lacking in resources for obtaining a *complete* and *thorough* medical education.

We have been with you day after day, through the whole session of four months, and with untiring perseverenc, we have labored to present the treasures of our respective departments in the most lucid manner possible, that nothing should be left undone, which could be conducive to your interest, and furtherence in your studies. In view of this, demonstrations in surgery and the other departments, have been made, and clinical lectures, examinations and prescriptions, have been followed up assiduously, where *you* have had access to the patients presented, to examine with your own senses each disease, in every phase, and note as carefully the effect and operation of the medicines prescribed. The almost unparalleled success with which our treatment has been accompanied, is now on record in our clinical reports, and is an assurance to you, that our instruction is replete with valuable information, and worthy of being cherished in your memories, to be referred to as counsel, when you shall be called to treat similar cases.

Thus we have labored, and our task has been a pleasing one, for we were interesting you in the merits and science of a medical reform, so long needed, and so often urgently demanded by a poison and drug-eating people, who hail Eclecticism in medicine as the rising sun of an era filled with hope and healing to the afflicted and the disconsolate.

Gentlemen, you, too, have not been remiss in your studies and attention to our lectures, and day after day we have observed your familiar faces, eagerly drinking in that which is to *prepare you* for the great conflict with disease. *We have been highly gratified* with your close attention, and the great interest you have manifested in the instruction we have given you, which assures us that our common cause is becoming more and more dear to *you*, and is fast enlisting all of your liveliest interest. *It is* worthy of your *best* energies, and we are proud to see you all so deeply interested in it. We require *educated* and *true* men in our ranks, to contend successfully with the opposition.

During the early introduction of Eclecticism into this city, its crude appearance elicited the malicious sneer of monopolizing bigots. To *them* the little germ seemed only fitted to be handled roughly and abused; but, like the hardy shrub, the beating of the wind only served to loosen the earth about its penetrating roots, and fix them deeper in the soil, preparing it for a more abundant nutrition and rapid growth; and now, since it has towered so high, and extended over so large an area of country, fixing, like the bannian tree, its branches into the ground, to again sprout and develop a continuation of trees, sheltering its thousands, it commands attention and regard from the most prejudiced opponent, for it has become the *modifyer* of fogy notions, principles and practice. We speak truthfully when we say that old school medicine is fast losing its arrogant absolutism, being modified by the benign and enlightened influence which Eclecticism has over the understanding and reasoning powers of a thinking and independent people. It was not for the purpose of creating a new party in medical ethics, that *our* system was introduced; but for centuries, the people, and the oldest and most experienced physicians, have demanded some great reform in medicine. They realized the defects of old school practice, and prayed earnestly for the change. *They* did not know that podophyllin, stillingin, irisin, leptandrin, &c., could be efficient substitutes for calomel, and that antimony, arsenic, and venesection could be *discarded entirely*, for more successful agents and means, and so they followed in the old blood-stained track of their fathers, groping blindly in the darkness. They were behind the times, still they did the best that they knew how to do. They were antiquated, but *now* medical science is still progressing in its advancement to perfection, by the constant addition of new and well tried means of cure. *They* had an appropriate excuse; but those who follow their exploded theories, and use the imperfect and ridiculous medications of centuries past, make no allowance for constant experiment, testing, and progress, and the many methods of cure that careful and excellent physicians are constantly presenting to the profession. The practice of medicine is capable of constant improvement, and I would be highly gratified—ay, exceedingly delighted—to reach the acme of our desires, which is, to obtain a specific and certain remedy for every form of disease.

Eclecticism is intended to designate the best means of cure. It does not mean to discard either minerals, or vegetables, or water. Neither does it mean to take a little of every thing that has ever been used in medication; but it means to discard all doses of medicine, and measures, processes, &c., that experience has proven to be totally objectionable, and to substitute a safer and more effectual course of medication. In fact, it is a plain, common sense practice, which suggests itself to the better judgment of every enlightened and thinking man. We discard mercury, arsenic, antimony, and venesection, because we have safer and more efficient remedies. We do not discard mercury because its *name* is mercury—we do not *war against medicines* and drugs, but we wage a war of extermination against mercury, because its effect is injurious to the health and life of the patient, when we desire and expect the least harm from its exhibition, and, because we have safer and more effectual remedies, which, though they do not produce the evil effects of mercury, yet fulfill all of the desired indications for which a sensible man has ever administered it. We do not administer drugs as a compliment to any drug, but for the purpose of fulfilling desired indications. With your minds well prepared, and tutored in the true principles of medical reform, you are to step boldly upon the stage of active life, to play well your part in the drama. The curtain has been raised, and older feet have promenaded there before you; *they* were pioneers in *their own sections of country*, and have won public opinion in *your* favor by *their* sterling worth, and the virtue of their system of medication.

You must be pioneers in your own country, and with clear heads, and strong arms, may you succeed in fixing your principles as firmly in the hearts of the people as we have done. Gentlemen, Doctors of Medicine: you have now the field fairly with us; hand in hand we walk along, wedded to our common cause; each and every man with a brave heart, and a willing hand, to join heartily in the work before us. Stand to your banner! you have had it unfolded to your eyes day after day, so clearly that you have learned all its symbols and significations perfectly by heart. No wavering! for the wavering man is like the waves of the sea, driven by the wind and tossed; let not such a man think that he can accomplish any important object! Peruse and investigate every thing that attracts your attention. Ignore prejudice, egotism, and bigotry, for you are too young for such folly, and an old man ought to have more sense. Like the busy bee sip honey from every opening flower, and store it away among your cherished treasures, to interest and amuse yourself and your friends; for a mind well stored with useful knowledge, is a great fountain of joy, imparting its happiness, and diffusing its genial influence over its thousands of partaking admirers. The intelligent man lives in a "*higher* sphere," he revels among the select beauties of the arts and sciences, and finds in them celestial food for the refined and delightful soul's feast; while the ignorant man grovels in the lower strata gaping stupidly at things above him, which he cannot appreciate, and dies without the pleasure of realizing one of them, or knowing what they are.

Attend strictly to your duties; always be found at your place of business during business hours; be punctual to the minute, for punctuality always "pays." Be energetic, kind, and courteous, for energy will secure you profitable business, and perform the business for you; kindness will secure you friends. Remember the Golden Rule; courtesy is cheap, it costs nothing, and beside these, it presents a man so very much to advantage. Collect your bills in season, for long accounts are an incubus, and short payments secure good friends.

Marry when you get ready, but get ready first. Do not marry for the sake of being married, but marry the woman of your careful choice, at the time that suits your matured feelings.

Every physician should marry; he cannot learn all the peculiarities of a woman's mind, her ways and fancies, unless he has an observing wife to teach them to him. A good wife is a pure gift of *Almighty God;* a blessing, a pearl of great price. If you are of a nervous, excitable temperament, marry a calm and docile woman, to soothe you, and rest your excited brain; if you are lazy, marry a woman that will spur you up with goad and lash, but mind she does not wear the boots. Never be lacking in your courtesy to the ladies; bear with them timidly; for they are all lovely and beautiful; or all young men should think so.

"She looked, how lovely! Not the face of heaven
In its serenest colors, nor earth in all
Its garniture of flowers, nor all that live
In the bright world of dreams, nor all the eye
Of a creative spirit meets in air,
Could, in the smile and sunshine of her charms,
Not feel itself o'ermastered by such rare
And perfect beauty:—Yet she bore herself
So gently, that the lily on its stalk
Bends not so easily its dewy head"

All who have graduated in this college, and who have carried out its teachings, have met with signal success in the practice of their profession; and though there may be ten old school physicians in a small town, yet there is plenty of business for Eclectics, and they will get it too, for the people are demanding a reform in medication; and we are constantly receiving letters from different parts of the country, urging us to send them a graduate of our college. There are plenty of excellent locations, and plenty of room all over the country for competent Eclectic physicians.

We tender you our sincere thanks for the kindness and courtesy you have manifested toward us during the entire session, and hope that your success through life may be as great as you so deservedly merit.

Finally, gentlemen, in behalf of my colleagues, I bid you all an affectionate farewell; and when you have returned to the bosom of your respective families; when sister runs to greet you with her happy smile and joyous kiss; and mother trembling with joy, holds out her feeble arms to clasp once more her truant boy, and bedew his cheeks with tears of tenderest affection; and father standing by, with his noble old heart swelling with pride at his son's manly success, grasps your hand in his broad palm, and boldly utters words of praise and encouragement; when your own heart is full of pride, love, and joy; and when the sweet girl to whom you have pledged before God your vows of love and constancy, and in whose keeping you have entrusted all that is manly in you, comes blushing, and with gleaming eyes, and throbbing bosom, to welcome you home, and tell you how anxiously she has waited for your return; when your own heart is full to the brim, of all the happiness that a favored one of God can enjoy, then forget not Him, the fountain of love, the giver of all good gifts, the God of success, who makes your happiness so complete.

The exercises were closed by Prof. W. B. Powell, in a short address to the audience, on some of the distinctive peculiarities of Eclecticism, with some advice to the graduates relative to the responsibility they had just assumed, which was replete with that profundity of thought, and maturity of reflection so peculiar to himself.

REVIEW OF BUCHANAN'S ANTHROPOLOGY.

BY PROF. L. E. JONES.

[CONTINUED.]

The last text, under the head of "Sarcognomy of the Limbs," to which the writer proposes to call the attention of the reader at the present time, is found on page 372, and reads thus:

> "The whole thigh and pelvic region together, correspond in like manner, to the arm and shoulder, or region of Health and Energy; the difference being that the superior limbs exert a power which is somewhat intellectual, and which is compatible with virtue; while the influence of the lower limbs, tends to destroy both virtue and intelligence."

From this, it appears that the influence of the lower limbs is evil only, and evil continually—that it "*tends to destroy both virtue and intelligence.*" Marvelous discovery! Oh! progressive science! thy ways are mysterious, and past finding out.

I shall not dwell on the first part of the text. If the author will permit an humble votary of science to make a few inquiries in respect to it, he will do so, as he is in search of light.

I ask our author how he knows the "*thigh and pelvic region*" correspond to the "arm and shoulder, or region of Health and Energy?" Has he proved the truth of this assertion, and if so, where is the proof? Can he demonstrate it by experiment? Can he show his proposition true in any other way than on paper, or on the black board? I entreat our author to let the proof appear, to illumine the path of the benighted.

The writer proposes, in the discussion of the latter part of the text, to address himself directly to the great Anthropologist, and if possible, adduce such proof as will convince him the proposition therein affirmed is erroneous.

Should he succeed in convincing him that he has inculcated an error, he hopes and trusts that the venerated author will, in the plenitude of his scientific greatness, and in the magnanimity of his soul, forgive this manifestation of arrogance and impudence on the part of an inquiring mind.

The author well knows, that the writer has adduced many arguments in support of his "System of Anthropology" in his former "Reviews." And now, feeling assured that our author will calmly, and patiently listen to evidence which may be arrayed against it, and feeling assured that he will pardon an honest difference in opinion, he will now, and for the first time, take ground antagonistic to the philosophy of our author, as embodied in the text. If the writer is right in the premises assumed, he hopes our author will acknowledge the truth—if he is wrong, he hopes he will prove their fallacy, as a great philosopher and Anthropologist should do.

With these preliminaries, and with the author's permission, I will now proceed to assign reasons to prove the fallacy of the teaching of a great philosopher.

1. I deny that the superior limbs exert any faculty, or acts that go to prove them endowed with any degree of intelligence, or intellectual powers, not possessed by the lower limbs. Their functions differ, but neither possesses intellect. Both are alike the implements of the mind—the passive instruments of intellect—the working tools of man's reasoning faculties. The superior limbs would find it quite as difficult to perform the feats of running, walking, leaping, dancing, &c., as the inferior would in using the ax, hoe, fiddle-bow, or pen. If the term *intellect*, is applied to the obedient acts of muscles, (and they are all that evince any manifestation of intellect on the part of the arms,) then the same term is equally applicable to all similar acts, whether performed by the muscles of the legs, neck, body, sphinctor of the rectum or bladder; and to many other acts performed by voluntary muscles in obedience to the will.

Will our author favor us with the proof of the superior intellectuality of the arms over the legs?

2. The second part of this proposition affirms that the intellectual power of the superior limbs "*is compatible with virtue, while the influence of the lower limbs tends to destroy both virtue and intelligence.*"

I deny that this intellectual capacity of the arms, which he speaks of, is any more compatible with virtue, than that possessed by the feet, and call for the proof. I ask our author for *any* evidence—for *his* evidence—for the best evidence which he can adduce in support of the good morals of the hands and arms, not possessed in an equal degree, at least, by the feet and legs. If the hands and arms do acts, or perform deeds compatible with virtue, as our author states, and such acts as the feet cannot perform, do they not, I would ask him, do far more bad acts than the feet and legs, and thus overbalance the good? Do they not do such as are incompatible with virtue and good morals.

Reader, I feel that an apology is here due to you, for taxing your time and patience in affecting to discuss this question seriously. While our author and myself discuss the question of the intellect and virtue, or the morals of the arms and hands, feet and legs, I feel that I must ask your indulgence.

When questions of this kind are inculcated in medical colleges—when presented with all earnestness, for ten years, as sober, serious truths, by one of its professors, and embodied in a text book designed for an institution, and designed to impart practical instruction to young men of the medical profession, as pure and practical Eclecticism, I feel that it is time to expose such teachings, that physicians, and the medical profession at large, may see it, and judge of its writer for themselves. It would be no less chimerical and nonsensical for the medical men and the profession, to talk of the intellect, virtue, and morals of the stomach and liver, colon and rectum, or bladder and uterus, than to talk of that of the arms and legs.

3. I deny that *"the influence of the lower limbs tends to destrog both virtue and intelligence."*

Will the author show in what particular the lower limbs tend to destroy virtue? How do they go to work to impair man's morals or debase him? Is it by conveying him to places where mischief or evil already exists? But what moves them to this? Do they lead him into trouble and crime, of their own accord, or is it the great commanding organ of his body, the brain, that commands, and do not these organs, in common with others, obey the mandate? And even then, is it the passive instruments that convey him as forcibly impelled to do, to the scene of highway robbery, and murders, that are guilty and most blamable for the crime? Or is it the hand that pulls the trigger, and uses the deadly knife or bludgeon, that is the more immediate participator in the horrible offence? Is not the hand less moral and less virtuous in the case supposed, than the leg and foot. If it is the "influence" of either of his limbs that "destroys his virtue" in this case, and prompts the murderous deed, are not the arms the more guilty of the two?

Again, if the lower limbs convey man to church, and other places of religious devotion, and good morals, and manifest his humanity and Christian sincerity, by bowing to the earth in submission to the decrees of Heaven, and if they transport him to visit the sick, the fatherless, and the widow, in their affliction, what stronger evidence can we have, that these are merely instruments of virtue, and good morals, and exert no vicious influence over him? And again, if they convey him to institutions of learning, and places of moral and mental improvement, and he could not go without their aid; and especially, if they are the instruments by which he is enabled to attend lectures on Neurology, Sarcognomy, Psychology, Psychometry, and, in short, acquire a knowledge of the grand and glorious science of Anthropology; how can they be said to be less intelligent, or less moral than the arms? How can they be said to exert a debasing tendency, or to destroy morals and intelligence?

Admitting the lower limbs to be wholly animal, as they are graphically portrayed to be by our author, in this same text book, on *his* Eclecticism, under the "Aquatic," "Aerial," and "Mammalian," and still it does not prove them more vicious, or less intelligent than the arms.

Cincinnati, May, 1857.

STATISTICS; AND TREATMENT OF CONGESTIVE CHILLS.

BY DR. J. W. MAPES.

I have kept a journal of my practice for the last four years, and the treatment of all the most important cases, during which time we have passed through three epidemics of a very malignant character. In 1853, epidemic flux; in 1854, typhoid fever, very malignant and fatal; in 1855, intermittents, the most universal and malignant that have prevailed in this State for many years.

Congestive Chills were very prevalent during the autumn of '55; many cases proved fatal in our immediate vicinity.

Sufficient having been said already on the pathology of congestive chills, by abler hands than mine, to enable any discriminating physician to diagnose the disease, I shall therefore proceed, without further remark, to give you my *treatment.* I always endeavor to treat diseases according to the dictates of reason, taking nature for my guide. It is generally my lot to be called in when the patient is in the sinking stage, and often supposed to be dying; the extremities cold, the pulse sometimes entirely gone, a cold clammy sweat on the face or forehead, with death depicted on the countenance, and the patient breathing with great difficulty, as though really in a death struggle.

In such a case I prescribe the ethereal tincture of valerian * and antispasmodic tincture, each equal quantities, in teaspoonful doses, every ten, twenty, or thirty minutes, as the urgency of the case requires, in a table-spoonful of water. The extremities should be rubbed with hot spirits and capsicum, or vinegar, capsicum and mustard, then wrapped up with warm flannel. The whole thorax should be rubbed briskly with some stimulating ammoniated liniment, and sinapisms applied over the epigastric region, to the spine and to the soles of the feet. When mustard is not at hand horse-radish leaves may be substituted, or capsicum and ginger. Then artificial heat should be applied to the extremities in some way; either by hot bricks, boiled corn, jugs of hot water, &c. If the above tinctures are not at hand, sulphuric ether, in drachm doses, with three grains of diaphoretic powders (comp. powder of ipecac. and opium), and three grains of capsicum, may be substituted, taken as above, or the ammoniated tincture of valerian, capsicum, and camphor. Some warm diaphoretic tea may be used occasionally, such as the comp. powder of pleurisy root, Jamaica ginger, or peppermint.

As soon as reaction takes place, if the stomach endeavors to rid itself of effete material, I assist it by an emetic of our common emetic powders, or pulverized lobelia seed 5 grains and 10 of ipecac., administered every ten or fifteen minutes, assisted by some warm drink, until it operates freely. After giving three doses of the emetic without operating, I administer 10 or 20 grains of super carbonate of soda, in water, which will produce vomiting immediately.

After the emetic has operated sufficiently ginger tea or strong coffee will generally settle the stomach. If this fail, I administer—

℞ Ammonia carb.,
Pulv. camphor, aa. gr. xii,
Ipecacuanha, gr. vj,
Morphia sulph. gr. j,
Fiat pulvis six.

One to be taken every two hours in syrup of ginger or water, and re-apply the sinapism if necessary.

If diarrhea is present, I give—

℞ Tinc. opii camph.,
Tinc. ferri chloridi,
Ess. menthæ piperitæ, aa. fʒij,
Syrupi zingiber, f℥j.

Dose, a teaspoonful after each discharge, diluted with water.

If costiveness be present, the compound powder of jalap will answer the purpose. The addition of one drachm of bitartrate of potassa to each dose, will increase its efficacy very much.

During the febrile stage, acidulated drinks will be proper, lemonade, tartaric acid and soda; also sponging with vinegar and water, or weak ley and whiskey, may be necessary. If the fever runs high, keep the head cool with wet cloths. As soon as the stomach becomes quiet, and the fever somewhat abated, some stimulating tonic must be used. I prefer the following:

℞ Sulphate of quinine,
Ferrocyanuret of iron,
Camphor gum, aa. gr. ij.
Capsicum,
Cimicifugin, aa. gr. vj.

Make twelve powders, one to be given every two hours, until after the time of the next chill.

If gastro enteritis becomes troublesome, I use—

℞ Sulphate of quinine,
Hydrastin,
Camphor gum, aa. gr. ij,
Morphia sulph gr. ¼.

Give for each dose. I use this for my tonic, with the mucilage of ulmus fulva, gum arabic, or best of all, althea officinalis. The above powders may be made into pills, with the extract of gentian or ptelein. The

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FORMULA FOR THE ETHEREAL TINCTURE OF VALERIAN.—Take one ounce of coarsely pulverized valerian; cinnamon, cloves, camphor gum, each one drachm; sulphuric ether, eight ounces; macerate for eight hours, when it will be fit for use.

tonic treatment should be kept up every day, commencing six or eight hours before the expected paroxysm, for several days.

This treatment must be varied according to circumstances. It never has failed me yet. The iron and quinine may be doubled in some cases, especially where the time is short preceding the next paroxysm, or given every hour.

Fayetteville, Ind., April, 1857.

CLINCAL REPORTS.

NEWTON'S CLINICAL INSTITUTE,

WINTER SESSION of 1856-7.

SERVICES OF PROFS. NEWTON AND FREEMAN.

REPORTED BY PROF. Z. FREEMAN.

CASE 454. Nov. 4.—John Terry, æt. 12. Incipient white-swelling. About one year ago, he experienced a dull, aching pain in the right condyle of the right femur near the patella. It was sometimes more severe, accompanied with some swelling and tenderness on pressure. By using ointments, etc, he became nearly relieved from its annoyance; but within the last three months it has again become worse. The return of the affection commenced by a sensation of tiresomeness in the joint, accompanied with weakness and aching, also more acute pain at times. These symptoms are now much aggravated, with acute aching pain upon pressure over the patella border of the condyle; there is also some swelling at this point; no pain, tenderness or swelling at any other part of the joint. The right border of the patella is elevated, and there is some fullness around the right side of the joint. The knee joint is somewhat stiffened, and the patient limps when walking. Temperament, sanguine encephalo-bilious. Is now feeble, pale and anemic. Has been attending school quite closely. His mother is scrofulous.

Treatment.—℞ Iod. potass. ʒss, simple syrup ℥iv. M. Take a teaspoonful three times a day. Use cold water bathing and friction with a coarse towel once per day. Apply oleum tiglii over the affected part night and morning. Keep the knee as quiet as possible.

Nov. 11.—Knee about as usual. Has applied the croton oil only once since. Apply as previously directed. Continue the treatment.

Dec. 10.—Is better; the knee is freely pustulated; can walk better, and cannot detect any internal pain or aching. Continue the treatment.

Dec. 16.—Pustules healed, feels well, has no pain in the knee, general health much improved. Discharged. My reason for administering the iod. potass. in this particular case, was to dissipate such inflammatory symptoms as assumed an acute character.—F.

CASE 455. Nov. 7.—Mrs. Sullivan, æt. 30. Rheumatic inflammation of the tibial periosteum. Has been affected eight weeks. Complains of some pains in her knees, and along the anterior face of the tibia; pains most severe at night. Has much cough, some frothy expectoration; bowels inclined to be costive, urine free, tongue coated whitish a little. Suppose this was caused by a cold.

Treatment.—Apply sinapism to the anterior face of the tibia once a day. ℞ Syrup ipecac. squills, aa. ℥ss, iod. potass. ʒss, syrup simplex ℥iij. M. Take ʒj four times a day.

Dec. 2.—Feels entirely well. Discharged.

CASE 456. Nov. 7.—E. J. Harvey, æt. 12. Ophthalmia tarsi. She was here two winters ago, and also last winter. Both times her eyes were cured, but there seems to be a strong tendency to a recurrence of the disease. Edges of eyelids are inflamed and scabbed; scilliæ are short and gummed together; eyes slightly inflamed; appetite good. Has pretty good general health, excepting a slightly anemic habit, the result of a distinctly marked scrofulous diathesis. The synechia anterior continues as previously reported. The scabbed pustulated and itching of the tarsi seem to depend upon a scrofulous eruption there, which keeps up the irritation.

Treatment.—℞ Mild zinc ointment ʒj, flower sulphur gr. v. M. Apply to the tarsi morning and noon. ℞ Tinc. iodine ʒss, tinc. aconite ʒj, water ℥vj. M. Apply to the eyes at night as a moist dressing. ℞ Flowers sulphur ʒj; make powders xx; take one three times a day.

Nov. 11.—Eyes feel better and much more comfortable. Continue the treatment.

Dec. 2.—Right eye nearly well; a little inflamed at the external canthus. The herpetic eruption and intolerance of light have passed away. Tarsi thickened, presenting the appearance of chronic ophthalmia, and we treat it accordingly.

Treatment.—℞ Iod. potass. gr. v, ext. stramonium ʒj, warm water Oss. M. Apply to the eyes constantly as a moist dressing. The ext. stramonium is designed to relieve the morbid irritability of the eyes. Pustulate the back of the neck with oleum tiglii. Take internally, ℞ Iod. potass. ʒss, water ℥iv. M. Take one teaspoonful three times a day.

Dec. 15.—The thickness has disappeared from the eyelids; eyes constantly improving. Yet the borders of the lids seem a little sensitive, reddened and inclined to pustulate.

Treatment.—℞ Cupri sulph grs. v, water ℥ij. M. Apply every evening to the eyelids with a camel's hair pencil, and use the mild zinc ointment in the morning. Internally, ℞ Prussiate iron, hydrastin, aa. gr. ij, water ℥iv. M. Take a teaspoonful three times a day.

Jan. 2.—Eyes nearly natural. Continue the internal treatment, as alterative and tonic. Omit the collyrium, and use only the mild zinc ointment once per day. Her eyes look strong. If any unfavorable change occurs, return to the clinic. Discharged.

Case 457. Nov. 7.—Joseph Glenn, æt. 9. Lymphatitis. When he was five months of age, he was affected with enlargement and suppuration of the cervical lymphatic glands. Previous to this time, his testicles were exceedingly translucent. By proper dressings, &c.. these conditions were apparently entirely relieved. At present he has much pain in the head the most of the time; bowels inclined to be costive, alternating with diarrhea; abdomen somewhat tumid; pains in his head very severe at times, like nervous headache, accompanied with dizziness. Some enlargement of the cervical lymphatic glands of both sides. The tumidity of the abdomen depends on an enlargement of the mesenteric glands. Tongue reddened, presenting somewhat the strawberry color. Has a scrofulous tendency; temperament sanguine-encephalic. Attends closely to school and his studies; is not inclined to play and exercise with his schoolmates; is steady, quiet and studious.

Treatment.—Refrain from his studies and school; go to the country and take plenty of exercise. Attend to cold water bathing and friction with a coarse towel, once per day. ℞ Hydrastis canadensis ʒij, ferri phos. ʒij, Malaga wine, Oss. M. Take ʒj three times a day.

Jan. 2.—Much improved; bowels regular, no headache, tongue clean and looks much more healthy, very slight enlargement of the lymphatic glands; the abdomen is not so tumid. Continue the treatment.

Feb. 20.—Still improving; scarcely any enlargement of the lymphatic glands, looks more healthy and robust, feels very well. Continue the treatment.

April 7.—Returned; has taken cold from exposure, has soreness of the throat, apthæ, and a slight cough.

Treatment.—℞ Populin ʒss, prussiate iron ʒss, water ℥iv, simple syrup ℥ij. M. Take a teaspoonful three times a day. Apply a cold moist towel around the neck at night, covered with a dry one.

April 15.—Discharged cured.

Case 458. Nov. 7.—Joshua Blackburn, æt. 16. Convergent strabismus (congenital) of the left eye. Cannot see to read with that eye. The cornea is turned very closely into the internal canthus.

Operation of cutting the tendon of the internal rectus muscle performed by Prof. Z. Freeman. This muscle seemed uncommonly short, and inserted about one line further back in the sclerotic coat than usual. The parallelism of the eye is restored. Apply a cold moist dressing over the eye for twelve hours.

Nov. 12.—The eye has a slight convergent tendency, which may be corrected by directing the eye toward a small piece of court plaster, placed near the external canthus. Slight ecchymosis at the point of incision in the internal canthus.

Nov. 14.—Eye straight; still a little ecchymosis, which will soon disappear by absorption.

Nov. 28.—Discharged cured.

Case 459. Nov. 11.—C. A., æt. 12. Labium leporina (hare-lip). It had been operated upon about one year ago, but not successfully.

Chloroform administered. Operation by Prof. Newton. Used the uninterrupted eight-figure suture. Applied an adhesive strip between the cheeks, across the upper lip to prevent tension upon the sutures.

Nov. 18.—Patient returned home; can scarcely perceive a scar. Discharged cured.

Case 460. Nov. 14.—Mrs. Finnerty, æt. 47. Ophthalmia tarsi. Has been affected five years. Tarsi somewhat inflamed and thickened; scabby concretion on the edges of the lids; palpebral conjunctiva slightly reddened.

Treatment.—Apply mild zinc ointment to the eyes morning and evening.

Nov. 20.—Eyes much better; continue the treatment.

Nov. 28.—Eyes nearly well, excepting a small inflamed spot upon the right eyelid. ℞ Hydrastin gr. v, sesq. carb. potass. gr. x, water ℥ij. M. Apply to the eyelids morning and evening, and half an hour afterward, use the mild zinc ointment.

Dec. 15.—Discharged cured.

Case 461. Nov. 14.—Richard Shoemaker, æt. 7. Aphonia (congenital). Has never articulated a word, although he often tries to do so. When attempting to address his brother, he utters a sound somewhat resembling his brother's name. He hears distinctly. The thyroid cartilege is apparently smaller in its transverse and vertical measurements than usual. The roof of his mouth is uncommonly high, but his father's is of a corresponding development. I cannot detect any other deformity. He can cry as loud as any one. Prognosis unfavorable. Case dismissed.

Case 462. Nov. 8.—Miss Holden, æt. 11. Opacity and ulcer of the cornea. About two years ago, she fell upon the railroad, and got a piece of dirt in the right eye, which was not removed; this inflamed it, and kept up a constant irritation. She kept a bandage over the eye for several days, and when it was taken off the opacity was observed. Sometimes the eye would be better for a while, and then worse. Now there is a small opaque spot in the center of the cornea, and a small ulcer upon the border of this spot. Small, prominent blood-vessels lead to the ulcer, and give that portion of the eye an inflamed appearance. She can distinguish persons and objects with the affected eye, but can not see to read with it. There is also convergent strabismus of the same eye, yet it can be turned to nearly its natural position, but will not remain there. The ulceration is confined to the conjunctival covering of the cornea. Bowels regular, appetite and general health good. Small granulations, redness and thickening of the upper eye-lid. The prominent blood-vessels upon the eye-ball irritate the granulations upon the lids, and thus by friction continue the irritation.

Treatment.—Evert the lid, scarify the granulations, and apply dry sesq. carb. potass. to them once in three days. Use the cold moist dressing at night. Take internally, ℞ Alterative syrup ℥iv, iod. potass. ʒss. M. Take ʒj three times a day.

Nov. 29.—Eyes improved; ulcer cured;

lids not so red or thickened, granulations fewer; they feel much more comfortable. Omit the sesq. carb. potass. and scarification. Apply the mild zinc ointment morning and evening. Continue the internal remedies.

Jan. 12.—No report.

Case 463. Nov. 21.—J. B. Levering. Fatty tumor, located upon the superior and internal portion of the thigh. Extirpation by Prof. Z. Freeman. Tumor lobulated and weighed about eight ounces. Dressed the wound with sutures and adhesive straps. Healed by first intention.

Nov. 30.—Wound healed, patient discharged.

Case 464. Dec. 9—Joshua Mason, æt. 47. Vesical calculus. From childhood he has been more or less annoyed by urinary difficulties. An examination with the sound detected a stone in the bladder.

Chloroform was administered, and the lateral operation of lithotomy was performed by Prof. Newton. The case has been *reported in full in the Journal* by Prof. Newton.

Case 465. Dec. 9.—Wm. McCleary, æt. 37. Cutaneous cancer of the lips. Has been affected about one year. It is upon the right side of the lips, superficial, but assuming a fibrous nature, fastening itself to the subcutaneous tissues. The face for two inches above the cancer is somewhat inflamed. The open sore discharges an offensive and irritating secretion. Has been applying arsenic to the sore, but it does not improve under such treatment. Has been using cathartics. Has also been using ℞ Iod. potass. ʒj, comp. syrup stillingia ℥iv. M. Take ʒj three times a day.

Recommended a plaster of chloride of zinc and hydrastin applied to the sore, and the inflammation kept down with a poultice of elm. An outside patient, not returned.

Case 466. Dec. 9.—Ella J. Millany, æt. 7. Acute tonsilitis, with ulceration of the right tonsil. Has been affected ten days. Previous to that she was apparently healthy. Complains of a sore throat; her uvula, throat, lateral half arches of the palate and tonsils, are inflamed; tonsils considerably enlarged, with an ulcer about three lines in diameter upon the right tonsil; much difficulty in deglutition; bowels costive; eyes slightly inflamed.

Treatment—℞ Tinc. ferri mur., water, aa. ʒj. Apply to the inflamed parts, with a probang once in two days. Use the alkaline bath and warm pediluvia at night. Take comp. powder of senna and jalap ʒss. at night,. Apply a moist dressing of water to the eye at night.

Dec. 13.—Throat about the same, except ulceration of the left tonsil. Eyes nearly well. Continue the moist dressing to the eyes at night, also the pediluvia and alkaline bath. Continue the wash to the throat, applied with the probang once in three days, and use as a gargle three times a day, ℞ Hydrastis canad. ʒj, water ℥vi. M. Apply a cool, moist bandage to the throat at night; cover it with a dry cloth.

Dec. 30.—Since she was here the last time, symptoms of scurvy have presented themselves. She now has difficulty in eating; her bowels are costive; she is restless; screams when anything is placed in her mouth; gums much softened and elevated—ulceration has extended to the roof of the mouth; tongue coated with red patches on the sides, which sometimes ooze blood; breath fetid. She has had no succulent vegetables for some time, but eats only dry bread, and drinks tea.

Treatment.—℞ Hydrastis canadensis ʒij, water ℥viij. M. Gargle the throat, and drink half of the mixture in twenty-four hours. Eat potatoes, cabbage, lemons, &c.

Jan. 12.—Is improved; mouth, throat and tonsils better; can eat more comfortably; general health improved; eyes well. Continue the treatment.

Jan. 20.—Discharged cured.

Part 2-Progress of Medical Science

THE LIFE LINE.

If a man were told that he bore about his head the sign of the probable length of his life, and that an acute observer could in most cases, by measurement, come within a year or two of judging when he would die, he would probably begin to view the study of physiology with a little more respect than he is now accustomed to yield it. It has for so many centuries been the custom to look to certain gentlemen in spectacles, whose manners are somewhat formal, and whose conversation not very intelligible, for the purchase of a very useful commodity called health, an article without which we are not able to make a very useful nor graceful addition to society, and the non-possession of which, like too little money, is particularly inconvenient—that such wares as we offer from our little cockle-shell of a Journal have not met with many very dignified and conservative purchasers; now and then, however, we receive some gratifying assurances that Japonicadom begins to feel that there is something rotten within, that makes her petals turn pale and the leaves fall off. She discovers that the hot-house and the water-pot do not make a very durable bloom in her darlings, and begins to suspect there may be some defect in the cutting or the seed; something too, is now and then suspected to be wrong in the process of inarching or grafting, that accounts for the early death of so many of the darlings of the second generation; the juices which nourish the blossoms are poisoned in some way, and the doctor's skill is unsatisfactory; rosewood, satin, and silver nails, are often required in their place; but black is very interesting, and then Dr. Creamcheese is so very consolatory in his attentions; the "mysterious Providence of God" is so incomprehensible, and we should submit "with becoming resignation."

Dr. Byrd Powell, of Covington Ky., a gentleman of enlarged and liberal views of science, after many years patient research, is quite confident that he has discovered in the conformation of the skull, the evidence of a man's vital force, or that power which will frequently preserve his life, even under the most unfavorable conditions of existence, or the worst medical treatment in disease, or allow death to claim him early, under the most congenial adjuvants of food and other aids to life. He tells us in his new work on "The Human Temperaments and their Laws in relation to Marriage," that if we draw a *true* line from the center of the *occipital bone*, (the most prominent bone at the hinder part of the head just above the neck,) and extend this line to that portion of the skull which we can touch with the finger's end placed under the eyebrow, (the orbit or inferior angle of the *osfrontis*,)—if we make a *true* line with a piece of stiff paper folded perfectly straight—we can, by measuring the distance between this line and the hole of the ear, tell the amount of life force each person possesses.

This extraordinary discovery was not made without a vast amount of investigation; Dr. Powell has made the brain the study of maturer life; and his astonishing powers of investigation, and his eloquence in enforcing his views, are well known throughout the South and West. He says in his work, "Life force and vital force are not equivalent terms, because much more vital force is expended upon our relations than upon our organization, in the preservation of life. Every muscular contraction we make, every thought, and every emotion, require an expenditure of vital force." The reader will also remember we *inherit* our life force, or constitutional power, *with its evidence, the life line* of Dr. Powell, whatever that may be in amount, from our parents, though it will be subsequently seen, we can improve it by intellectual effort, as we can our vital force by exercise.

Dr. Powell continues: "Now let it be remembered, that this rule applies to all persons, without reference to age, sex, or temperament; and that no form of disease, whether acute or chronic, proves fatal, so long as there is a respectable endowment of depth to the base of the brain. In a brain of medium size, one inch places the individual considerably beyond the reach of an early death, *except by accident or violence.* In our large collection of crania, no one of them died of regularly formed or idiopathic (original) disease, who had even three fourths of an inch."

"*Vital vigor* is indicated by a broad base to the head, a broad and full development of the cerebellum, (posterior brain,) a broad, full, and strong neck at its junction with the head, a healthy and lively complexion of the skin. Such are those whom Marshall Hall denominates persons of high stimulus. They are those in whom all the functions of the body are vigorously performed; indeed, vigor usually attends all their functions."

"This state of *vital vigor* may be, and very often is, attended by a very feeble life force, or vital tenacity, and, therefore, we think it probable that no class is more liable to epidemic mortality than it is; and yet many of this class, with their vigor possess great tenacity of life."

"When the depth of the base of the brain is reduced to half an inch in those of vigorous life, they become liable to be removed from this stage of action at a short notice, by some acute form of disease; while those of feeble, with the same vital tenacity, become liable to be seized with some chronic form of disease, and thus are permitted to linger by the side of the grave for sometime before falling into it."

"Every part of the body continues to expend that force which we call vital vigor. *Vital tenacity*, or life force, is indicated alone by the depth of the brain's base; this may be strong, and yet the person may be so deficient in vigor as to be all the time complaining, and thus he may live on for twenty or thirty years."

Thus far Dr. Powell lays out his chart for the guidance of the intelligent reader. We will close by a remarkable illustration of the truth of his discovery. After the contribution of several brilliant articles to our pages, it is natural that a friendship should have been formed. We are all too human not to like those who like us, and our habits, especially as we come under that peculiar category which our estimable Japonica friends are pleased to call "eccentric," that is, we suppose, in contradistinction to themselves, who never act from the centre, either head or heart, (and probably for a very good reason,) but always, like monkeys, "do as others do,"—Dr. P. and ourselves exchanged daguerreotypes, because being such miserable devils of workies, we couldn't get at each other in any other way. Several letters passed between us, and we sent, at his request, the measurement of our knowledge-box, and a profile.

He then wrote us as follows, in reply to one of our capsicum, or nitric acid articles on some of the infernal phases of city life: "I am ten years your senior. I was born January 8th, 1797; I came to the conclusion long since, that 'whatever is, is right' —right from necessity, but not according to any rule of right. As whatever is, could not under the causes have been otherwise, I have learned to keep my temper, and commiserate poor half-developed humanity. If I had the power, I would convert the world into one great school-house." This beautiful letter which, with many others, we cherish as the outpourings of a glorious head and heart, beating only for humanity, was written in September, 1855. A few days after, we find the next one; speaking of our natural pursuits, but more especially of the *life line*, he remarks: "We have both a long time to live. I think we may accomplish much; but don't let us get feverish about it; 'whatever is, is right; "let us take it coolly." The reader will perceive that Dr. Powell was fifty-seven years old when this paragraph was written. He had been put in possession of a perfect measurement of his life line, and thinks he possesses ours, in which, by the way, we believe he is mistaken, and that we are destined to no such toilsome journey as he anticipates.

On Nov. 2d, of the same year, namely, 1855, we received from Prof. Sanders, the melancholy intelligence, that Dr. Powell had received, in rapid succession, two paralytic shocks, which reduced him to perfect helplessness. The book from which we have extracted, was just then prepared for press, and there were those who thought that Dr. Powell's condition and anticipated death, gave a most conclusive argument against his theory. But the reader will remember the distinction he makes between the life force and vital vigor; his case was destined to prove it. After several months' struggle, without any absurd medication or irrational interference with nature's efforts, he gradually began to recover; and we have just received his book, and learned from a cheerful letter, that his intellectual powers are still bright, and he is in want of a book which he begs us to procure for him. In our next number, we will give a profile of Dr. Powell, with the life line appended, so that all of our readers may comprehend this singular discovery; we can not however, contentedly leave the subject without an explanation that the thoughtful reader may require; otherwise the idea might remain that the life line was unchangeable, and all men be reduced to the condition of passive recipients of the decrees of fate. As this would render our teachings of no use, and the ideas of the Japonica philosophers and medicine mongers entitled to more respect than we feel inclined to show them—we give one more extract from Powell's book.

"We are frequently asked: Does the depth of the brain's base change after maturity? We answer in the affirmative. Mental and muscular activity promote development up to the meridium of life, or even later, in many instances, and then advancing age reduces it. Idleness reduces it, and so does every habit that is unfriendly to health." Now follows a remarkable paragraph; "Observation has brought us to the opinion that physical exercise only, sustains and develops vital vigor, while mental toil, under the action of excitement and a feeling of responsibility, develops vital tenacity," This is amply proved by the extraordinary longevity of profound students in the *moral and natural sciences*; but not that of poets and novelists, who die much sooner.

"Plaster casts taken from the author's head, one in 1836, and another in 1847, show an increase of the life force of three-fourths of an inch. We have witnessed in young men a considerable increase in a year and a half. Those who inherit a capacity for long life, may lose it by idleness and improper habits." The benevolence and justice of God here is made manifest. We shall give some remarkable examples to illustrate Dr. Powell's life line, in our next—also why suicide may often be viewed as unavoidable in some organizations. —*N. Y. Scalpel*

IODINE INJECTIONS INTO OVARIAN CYSTS.

The treatment of ovarian cysts by the injection of solutions of iodine, is decidedly gaining favor with the London profession. Most of the cases which have been seen, have been treated by Dr. West and Mr. Paget in St. Bartholomew's, and one is now under that of Dr. Barnes, in the Metropolitan Free. In none, we believe, has complete success been obtained; but it has been thought that, in most, the tendency to refill has been decidedly restrained. By repeated operations, probably some of the cases may yet be cured. In none have, we believe, any serious symptoms ensued. In general, the attempt to drain out the solution, after a few minutes, has been made; but in several in which this could not be accomplished, from four to six ounces of the pharmacopœial tincture has been left in without ill consequences. Two fatal cases—one in the provinces, and one in London—have come to our knowledge in which ascites was mistaken for ovarian dropsy, and the solution injected into the peritoneal cavity.—*Med. Times and Gaz.*, Oct. 18, 1856.

MORAL INSANITY.

When the late celebrated New York forger was on trial, the testimony of two prominent medical gentlemen of that city created an unusual sensation. Their opinions were circulated extensively, but seem not to have convinced any one, not even the jury before whom the arch-criminal was tried, that the medical theory presented in regard to Huntington was entitled to grave consideration, as an ameliorating circumstance in his case. That the profession may have the words of Drs. Parker and Gilman for future reference, the following extract has been copied from the Law Reporter, a journal of high character in legal circles.—*Medical World.*

THE TRIAL OF HUNTINGTON, AND THE LEGAL AND MEDICAL THEORY OF THE DEFENCE.

This case has occupied a large share of public attention, from the extraordinary number of forgeries committed by the defendant, and from the novel character of the defence, as applied to an accusation of this nature. We do not doubt the correctness of the verdict of guilty, but we can not join in the abuse which a large portion of the press saw fit to heap upon the counsel for the defence, whose theory of the defendant's insanity was supported not only by considerable antecedent probability, but by the testimony of physicians of experience. We give as a matter of curiosity, some of the testimony of the medical witnesses.

Dr. Willard Parker said:

He (Huntington) seemed to have a mind which operated very differently from the mass of minds; my conclusion was that he was insane; self-preservation is one of the laws of our nature, and he seemed to have no sort of tendency and care with regard to it whatever; the all-absorbing subject was the mere matter of making paper and carrying on paper operations in Wall street (!) I should not regard this affliction as monomania, still the making of "paper" seemed to be the all-absorbing matter with him, and if he were out he would make this paper again.

Cross-examined by Mr. Noyes.

Q. What do you mean by monomania, when you speak of it?

A. I should define it that a man's mind operates naturally right (so to speak) on all subjects excepting one subject, or one or two subjects; in reference to that subject, the moment it is touched it awakens a new train of thought, action and manifestation, which actions are entirely at war with what is called the action of a sound mind; the opinion which I formed about his mind was entirely dependent on his statements and my own examination of his condition; the forms of insanity are infinite; the medical profession do not undertake to give a separate name to each peculiar development of insanity; that is admitted to be quite impossible by the most eminent medical men; in treating of some peculiar forms of monomania, those terms are made use of as expressive of this monomaniacal condition — but though some forms are thus defined by name, I suppose there are a great number that have no name.

Mr. Brady then read to Dr. Parker the evidence introduced by the defence, and put to him the question, whether, granting that the jury believed the evidence, he would consider Huntington sane or insane when the forgery in question was committed?

A. Supposing I knew nothing of the case now, it is possible that all you read to me might take place as the result of unparalleled recklessness; but knowing what I do of his case from personal examination, and also from testimony which I have heard, I should say that these actions were the actions of an unsound or insane man. No sane man would perform such actions in that way.

Q. If you think he was insane, what was the nature and character of that insanity?

A. It would be difficult to answer that question directly; I could not bring it under the head of monomania, but I should say it was monomania upon the subject of making paper for the simple purpose of obtaining means, not that he had any motive beyond that, that I could discover.

This is sufficiently indefinite and mystifying even for a medical expert, not generally the most precise and perspicuous of witnesses, but it may be it is the most exact a fair scientific man could make it.

In answer to Mr. Noyes, the doctor says: I think he is morally insane.

Q. In your judgment, upon what question is he morally insane?

A. He has no conception that he has committed any wrong; he does not appreciate it as a sound moral man would.

Q. You mean that he is incapable of appreciating the consequences of crime—you think that he is incapable of appreciating that forgery is a crime?

A. I do not know that; I think that he knows that forgery is a crime, but I think he does not appreciate the bearing of this crime upon his character; I think he does not appreciate the stigma connected with it; I think he knew he had committed a crime.

This hair-splitting as to the distinction between the prisoner's knowledge of right and wrong, and his conception of the influence of crime upon his character and standing, is to us wholly unintelligible, and sets at defiance all legal theories of criminal responsibility heretofore established. It seems to us it would instantly set afloat the whole criminal system, and sum up its principle of responsibility in this concise and convenient dogma, viz: to be a criminal, with a criminal's depravity, works full absolution of all crime! It may be a jury can understand this philosophy, and it may be that Dr. Parker understands it, but this latter, with all respect for him, we beg to question. To proceed:

Q. You say he has no appreciation of his situation because of a diseased organization—you mean mentally?

A. I mean the disease of the functions and organs of the brain.

Q. What particular organ is diseased?

A. The brain.

Q. In what portion do you refer to the organs according to the pathologists that you mentioned?

A. I refer now to the effect that he has a trouble of vision, a steady pain in the head, and has sleepless nights. I rely on these facts because he told me them; I am not prepared to say that his mental organization was such that he was irresistibly impelled to commit forgery.

This, it seems to us, concedes away the basis fact of the defence.

Q. Why could he not resist the tendency to commit forgery?

A. Because of his diseased physical, not mental organization.

Q. What was this disease?

A. I am not able to give you pathological anatomy of the case.

Q. Is that equivalent to saying you could not give a reason why he could not resist it?

A. He had certain manifestations and symptoms (I am not speaking simply of what I saw), viz: pain in his head, congestion of the brain, *machinery*, in the head (that he referred to also in our interview), want of sleep—putting these facts together, they lead us back to the inevitable conclusion, that there is a diseased organization.

Mr. Noyes.—Please answer my question: What was the difficulty in his physical organization, which prevented him from being able to resist the tendency to commit forgeries?

A. The precise nature of that difficulty I cannot name, as his pathological anatomy cannot be ascertained.

Q. Do you suppose he has conscience?

A. I think he has. I do not suppose it acts like other men's consciences, because he has done what other men would not do, having conscience.

Q. Is it not, sir, because he has committed too many forgeries?

A. I do not believe it is. I do not know that Huntington is laboring under any insane delusion. I have not discovered that he is laboring under any delusion, whether insane or not, which compels him to commit forgery. I think he is not laboring under any delusion which forbids his committing forgery. I think he is not laboring under any delusion which prevents him from abstaining from committing forgery.

Q. Is he laboring under any hallucination which compels him to commit forgery?

A. I know of nothing which forbids (?) it. I have not discovered that he is laboring under any irresistible impulse to commit any other offence. I have not discovered that his organization compels him to steal or lie.

Q. But you think he is laboring under an organization which leads him to commit forgery; have the goodness to state what that organization is?

A. That I am unable to do; it is my opinion that it is merely physical; it is not mental.

Q. So then it is the physical organization, when all his mental operations are entirely right?

A. No, sir; his mental operations are not right. They would be if his organization were; this tendency to forgery, I repeat, exists in his brain, and because of his diseased organization.

Q. It exists, as I understand you, with a knowledge on his part, that he has committed forgery, and that it is a crime?

A. He does this knowing that it is a forgery, but how far he appreciates it as a crime, I am not prepared to say.

Q. Does this organization consist in any undue existence of what is called the faculty of acquisition?

A. I think it does not. There is no evidence at all that it consists in large acquisitiveness.

Q. What is the propensity, the indulgence of which in the physical organization leads him to commit any forgery?

A. I cannot name the organization that furnishes the propensity that leads him to commit any forgery; it is a love for forgery growing out of his diseased physical organization.

Q. In your opinion, as a medical man, that exists in connection with a perfect mental understanding on his part that it is a forgery and wrong?

A. I think that is my opinion. I do not mean to say that this propensity is so strong that he cannot resist it. I am unable to say how far the power to resist the tendency to commit forgery is impaired by his physical organization, but I do think if he were set free he would do just as he had done before.

MR. NOYES—That is hardly an answer to my question, Doctor. To what extent do you suppose his power to resist temptation to commit forgery is impaired by the diseased physical organization of which you speak; is it partial or total?

A. I cannot say what motives you might bring to operate upon his mind. You might place before him motives that would lead him to avoid it, but if let go free he would do the same thing. I do not know whether his physical organization is such as to enable him to resist the temptation to steal or lie.

Dr. GILMAN was next examined. He is a physician of thirty years' experience, and a professor of medicine and medical jurisprudence. He examined Huntington at the Toombs, with a view to appreciate the state of his mind. His impression was that he was unsound and insane—that he had no moral sense. We quote him verbatim:

"I suppose the brain is diseased in every case where moral insanity exists. A man who commits a murder may be intellectually aware that it is a crime, and yet be insane. A large amount of cunning is not incompatible with insanity, even when exhibited in connection with that insanity. As a general rule, insane persons deny that they are insane, and they are very urgent to be let loose on the ground that they are not insane."

The witness here confirmed the statement of Peck and Pritchard, in which it is asserted that a man can be morally insane without intellectual hallucination. On cross-examination he stated:

"His answers were never incoherent. I asked him how he came to do what he did, and if he did not know that it was illegal and wicked? He said he did not mean to do any thing wrong, and that it was impossible to be convicted. All I could get out of him was, that he knew it was wrong, as men say when they commit *usury*. All I mean to say is, that having examined, I believe him to be insane; I pronounce him insane. A man manifests his insanity in a particular way. I suppose Huntington has that mixture of mental and moral insanity which is very often found. I believe he has a diseased brain. I don't believe he would be responsible if he rose up at this moment and drove a knife into you. If he should commit any offence whatever, I believe he would not be responsible. He would not know what he was doing, if he did what I said above. The fact of his committing murder, and knowing that he would be hanged for it, would not affect the question of his insanity, neither would his commission of forgery or stealing. He might know that all this was wrong; delusion or hallucination has nothing to do with it. I believe that he has moral and mental insanity, with a little of intellectual insanity. Intellectual insanity is that he was reckless in the use of money in the way he committed the forgery, and his making no attempt to escape. In reference to this matter of forgery, I have my doubts as to whether he is insane. The question is, if he were placed in circumstances where he could commit violence, would he not have done so? I think he has general insanity. It is doubtful whether it is right to call it monomania. I differ from Dr. Parker, with regard to this man's insanity being monomania or a general mania. Huntington had an irresistible tendency to commit crime. My opinion is, if a man is insane, it would be unsafe to calculate on what he might or might not do. *The distinction made by the twelve judges in England, of insanity, is all wrong in my opinion; I regard it as nonsense.*"

It will be remembered by the legal reader, that that opinion was, that "*to establish a defence on the ground of insanity, it must be clearly proved that at the time of committing the act, the party accused was laboring under such a defect of reason, from disease of the mind, as not to know the nature and quality of the act he was doing, or if he did know it, that he did not know he was doing what was wrong.*" (1 Car. & Kir. 134; 8 Scott, N. R. 595.)

The Doctor makes quite free with this opinion of the English court, and we are not certain but he correctly characterizes it. It has always semed to us a very uncertain and unsafe standard of criminal responsibility. The latest treatise on medical jurisprudence (Wharton and Stille) divides that inquiry into the three heads of cases, where the defendant is acting under an insane delusion as to circumstances, which, if true, would relieve the act from responsibility; or where his reasoning powers are so depraved as to make the commission of the particular act the natural consequence of the delusion—cases where the defendant is impelled by a morbid and uncontrollable impulse to commit the particular act; and lastly, cases where the defendant is incapable of distinguishing right from wrong, in reference to the particular act.

The presiding judge substantially followed the ruling of the twelve judges:—"To constitute a complete defence, insanity, if partial, as monomania, must be such in degree as to wholly deprive the accused of the guide of reason in regard to the act with which he is charged, and of the knowledge that he is doing wrong in committing it. If, though somewhat deranged, he is yet able to distinguish right from wrong, in the particular case in which crime is imputed to him, and to know that he is doing wrong, the act is criminal in law, and he is liable to punishment."

It was insisted, on the part of the defence, that insanity, either special or general, may exist, and *the subject be wholly unable to control his actions, while his intellect or knowing and reasoning powers suffer no notable lesion*. This proposition was ridiculed by the judge, but if the scientific mind of the country has adopted or shall adopt it, the courts must sooner or later follow the example.

REMARKS ON THE ACTION AND USE OF THE CHLORATE OF POTASH.

BY DR. STANHOPE T. SPEER, CHELTENHAM.

[The following is a summary of the conclusions lately arrived at by M. Isambert respecting this salt.]

Upon the Nervous System chlorate of potash acts as a sedative. This action is not perceptible in health; it would appear to show itself only in certain pathological conditions.

Upon the Circulation it also acts as a sedative. This action is manifest only in disease; in health it is imperceptible.

Upon the Respiration.—Its action here is negative, or at least is confined to a trifling irritation of the bronchi and larynx, which may prove serviceable in certain diseases.

Upon the Digestive Organs it acts, in general, as a stimulant. It increases the secretion of saliva in a marked degree, and appears to act as a useful substitute, in mercurial salivation; upon the biliary secretions it acts as a gentle stimulant, capable of determining a slight bilious flux, although not freely eliminated by this organ. Possibly, moreover, it may act as a sedative upon the nervous or inflammatory element, in cases of jaundice.

Upon the Urinary Secretion it acts as a moderate stimulant in large doses; in small doses, its action is but slightly marked.

Upon the Mucous Secretions it acts as a stimulant and as a beneficial alterative. It is eliminated by the cutaneous surfaces, without increasing their natural secretion. It acts more slowly in skin diseases than in those of mucous membranes; it appears, moreover, to favor interstitial absorption, according to Chaussier and Bertrand. As regards what chiefly merits attention, viz., the action of this salt upon the buccal, nasal, pharyngeal and laryngeal membranes, we hesitate to pronounce authoritatively respecting its real *modus operandi*, this being, as yet, a mere matter of hypothesis. We believe it, however, to possess the power of modifying the vitality of these membranes, through its elimination by the mucous secretion itself; its free elimination, moreover, by the saliva, explains its specific action upon the mouth. On calling to mind the cures performed by M. Lasegue, with this salt, when used as a collutory or gargle, we might be tempted to regard its action on the mouth as merely topical. This, however, we do not believe to be the case; the trifling amount of chlorate of potash found in the saliva, especially when given in small doses, cannot be compared to the saturated solutions employed by M. Lasegue. A proof that the chlorate of potash when given internally is not exclusively a topical agent, returning, as it were, by the salivary secretion, is its difference of action upon the mucous membranes of the cheeks and lips, and upon that of the gums, endowed with a lower degree of vitality than the lining membranes of the other parts of the mouth; allowing, however, that its action be a topical one, it will always be advantageous to administer it internally; the taste of this salt being almost imperceptible in a sweetened solution.

An experiment was made lately by M. Blache with the view of ascertaining the topical action of the chlorate of potash. A child, eight years of age, affected with membranous stomatitis of one month's standing, was treated by the local application (six times daily) of this salt, in a strong solution (five per cent.) After three days, the false membranes began to detach themselves, and at the end of a week, they had almost entirely disappeared; the cure, however, proceeded more slowly than when the salt was administered internally. The mucous membrane remained of a dark red color after the disappearance of the exudation, and the extent of the diseased surface was, for some time, but little diminished; the cure not being completed before the fifteenth day.

Chlorate of potash, moreover, was found in the urine of this child, showing that it had either been absorbed by the mucous membrane or else swallowed.

Has the chlorate of potash, we may ask, a specific action upon the constitutional origin of diphtheritic exudations? Facts do not permit of our answering this question in the affirmative.

It has no specific action against certain diseases, such as syphilis, for which it has been long employed.

As a topical application, it ranks with certain other mild irritants, such as borate of soda, sulphate of zinc, &c. It favors the cicatrization of ulcers.

As an internal remedy, it may be classed with the alteratives. Its analogous salts being the hydriodate and nitrate of potash, rather than the alkaline carbonates, from which it differs in its action upon the urine.

Method of Administration.—The chlorate of potash may be given in doses of from half a drachm to 2 drachms daily.

No inconvenience results from increasing the dose of this salt, some of its physiological effects being only obtained when given in somewhat large quantities; viz., diuresis, profuse salivation, its action on the larynx and bronchi. The only difficulty connected with its administration, consists in its slight solubility. The ordinary solution of gum-arabic readily dissolves from 75 to 90 grains at a temperature of 60 degrees; but it is not sufficient, merely to add crystals of the chlorate to the vehicle about to be employed, and in which they would dissolve with difficulty; it is preferable, as recommended by MM. Bergeron and Vial, to dissolve the salt completely in water, before adding syrups, &c. In drachm-doses, this potion is by no means disagreeable, and children take it readily.

Should it be desirable to administer the remedy in large doses, it must be dissolved in a large quantity of fluid; in this state it is more easily borne by the stomach, than when given in concentrated solutions. Chaussier advised the remedy to be given at meal times, an important precept, more especially when large doses are administered. Odier gave it in both.

It may likewise be given in powder, mixed with sugar, as recommended by Herber and Schoeffer.

Lastly, it may be prescribed as a topical appilcation, in the form of a lotion containing 5 parts of the salt to 100 of water at a temperature of 60 degrees. If a more concentrated solution be desirable, hot water must be employed, as was done by M. Lasegue; at a temperature of from 86 degrees to 104 degrees, 15 per cent, of this salt may be dissolved.

Its application in the form of powder, combined with starch or oxide of bismuth, would appear to produce pain.—*Med. Times and Gazette, Sept.* 20, 1856.

GLYCERINE AS A DRESSING FOR WOUNDS.

At a meeting of the Academy of Medicine in Paris, M. Demarquay made a communication on the surgical uses of glycerine.

Having under his care the patients of M. Denonvilliers in the hospital at St. Louis, he found some whose wounds had been attacked by hospital gangrene, for the removal of which citric acid, nitric acid, and the actual cautery, were employed in vain. Glycerine was then tried; in twenty-four hours the wounds had assumed a healthy appearance, the fever diminished, and the patients rapidly recovered.

Struck by this circumstance, M. Demarquay determined to treat all wounds with glycerine, and the following result was obtained. All the wounds treated in this manner have a rose color, and are so clean that there is no necessity for washing them or removing with a spatula the coagulum of cerate and pus, which usually renders the dressing of wounds so tedious and painful. The cloths which have been dipped in glycerine are removed with the greatest ease: still more, this substance modifies suppuration, as M. Demarquay ascertained from the observation of some cases which had previously been dressed with cerate. The granulations are small, and there is no necessity for applying caustic. The dressing is soft and comfortable to the patient, and cicatrization is promoted. These results have been confirmed by M. Denonvilliers.

The mode of applying the glycerine is very simple. A piece of linen dipped in it is placed over the whole of the wound, and over this is applied a little charpie, a compress, and a bandage.

In relation to the above communication, which appeared in the "Gazette Medicale" and in other French journals, M. Petel relates the following case in the "Gazette des Hospitaux."

A woman, aged 30, came under his care on account of ulcerative stomatitis. The disease had been present for a month; the gums were red, soft, and had partly receded from the teeth, and the mucous membrane of the mouth, near the molar teeth, was in a state of ulceration, which might almost be called phagedenic. The patient was able to take only liquids, and had not been able to sleep for a fortnight. M. Petel applied glycerine, and gave chlorate of potash internally. On the next night the patient slept well; in three days there was a marked improvement in the appearance of the ulcerated surface, and in nine days the patient was cured.

M. Dallas, chief surgeon of the *hospice* of Sisters of Charity at Odessa, stated (Gazette des Hospitaux), that, since 1851, he has not only used glycerine in the dressing of wounds, and in the treatment of various affections, but has caused it to become a popular remedy in some parts of Russia. He relates the following case:

A German farmer had his hands and feet frost-bitten five years ago, and the parts had remained swollen and painful. Some months ago he presented himself to M. Dallas with a deep, gangrenous ulcer, occupying the whole of the back of the right hand. The patient could not bend his fingers. He was treated by baths and topical applications of glycerine. In ten days the black eschar fell off, and left a grey-looking wound, so large that all the fingers seemed detached; the pain, however, was less. The swelling gradually lessened, and the wound showed a disposition to cicatrize. At the time when M. Dallas wrote, the patient had no pain, and could bend his finger with ease; there was nothing but a small wound left, which was cicatrizing rapidly.—*Asso. Med. Journal.*

THE MEDICINAL PROPERTIES OF CHARCOAL.

BY JAMES BIRD, ESQ.

Pure charcoal is known to possess two singular properties: first, the power of absorbing gases to an almost incredible extent, and secondly, the capability of rapidly oxydizing any dead animal or vegetable substance placed in contact with it, as explained by the experiment of Dr. Stenhouse and others. As charcoal is not chemically affected by either acids or alkalies, and is quite insoluble, its admixture with other substances is not incompatible, so that it may be combined with any other kind of medicine, *ad libitum.*

It is a powerful absorbent of fluids, whether aqueous or aeriform; and as it undergoes no change in the human stomach, it may with great truth be described as the only pure absorbent we possess, for the same can not be said of æther, lime, magnesia, bismuth, or any other mineral absorbent, all of which form salts with the acids they meet with, sometimes to the complete subversion of all their original properties; while the vegetable or farinaceous absorbents, such as flour, starch, gum, &c., are changed by digestion, giving off frequently offensive gaseous emanations as the results of non-assimilation.

Charcoal is, therefore, recommended as a pure and effective absorbent, applicable either alone or in combination with other remedies, to the cure of a large number of the acute disorders of the mucous surfaces of the alimentary canal, and also of those of the uterine passages, and particularly in those instances where the secretions are inordinate in quantity, or offensive in condition.

. It may, perhaps, induce a more extended trial of charcoal powders, if a few instances were named in which the remedy has proved eminently serviceable. In the exquisitely painful small ulcers within the mouth, on the inner surface of the lips or cheeks, which, at regular intervals, prevail to some extent, and are extremely troublesome, the following wash will be found an excellent remedy:

℞ Pulv. carb. ligni pur. ℥ij,
Mel. rosæ ℥j,
Decoct. cydoniæ ℥iij,
Aq. dest. ℥iv. M.
Ft. lotio sæpe adhibenda.

This lotion is also useful in excessive ptyalism; it speedily moderates the discharge, and instantly corrects its fetor, and its application is extremely soothing and agreeable. The same may be said of it when used as a gargle in ulcerated sore throat, the sloughs separating rapidly and easily, leaving a healthy surface underneath.

In the earlier stages of diarrhea, a mixture composed somewhat as follows speedily gives relief:

℞ Pulv. carb. ligni pur. ʒj, ad ℈iv,
Mucel. acaciæ ℥ij,
Syr. aurantii, } aa. ℥iv,
Tr. cardam. co. }
Aq. dest. ʒiij. M.
Sumat 4 drachmas 3tia vel 4ta q.q. hora.

In the bowel affections of children, accompanied with worms, powdered charcoal, in doses of from 10 to 15 grains, with one grain of ipecacuanha powder, and from three to five grains of rhubarb, taken at bed-time, acts like a charm, correcting disordered secretions with certainty and comfort, and promoting a healthy tone and action. In gastralgia and gastrodynia, charcoal powder, in doses of 30 or 40 grains, three times a day, in water, seldom fails to give relief; and in cases of severe tenesmus, accompanied by bloody or mucous stools, an injection into the lower bowel of one drachm of charcoal powder in a small quantity of thin arrow-root or gruel, has been found to give almost in-nt relief.—*Med. Times & Gaz.*

RAPID TREATMENT OF ITCH.

The remedy here mentioned is the chloride of sulphur dissolved in sulphuret of carbon. The chloride, easily obtained by the action of chlorine on sulphur, was at first employed in its pure state in minute quantities, but this not acting promptly enough, the sulphuret of carbon was, after various, trials chosen as the best vehicle. Twelve grammes of chloride are dissolved in 100 of the sulphuret, this being the utmost quantity required for an adult. The application should be made in a well ventilated room, removing all copper articles liable to tarnish. The patient is placed quite naked on a stool, and his head is covered with an immense cone made of strong paper, opened only at the top, so as to protect the face from the effect of the sulphureous vapors which exhale. The The whole surface is rapidly smeared over with the mixture, by means of a large badger's-hair-brush or charpie, applying it especially to the parts where the acari most resort. Any hospital attendant can do this. A general sense of heat, without painful smarting, immediately follows, and the patient is thus cured in five minutes. The itching ceases as if by magic. After thirty-six hours a bath is taken, the patient being recommended to abstain from washing his hands and neck until then; and baths on alternate days for a week, to complete the treatment. Complications that may have arisen may, however, require treatment; but they soon subside. When eczema predominates, some gelatinous or starchy baths are employed, and porrigo is usually relieved by alkaline baths. When the complications are very aggravated, they should be somewhat modified before the treatment is commenced, or this may cause pain. After disappearing, the itching may return in five or six days, but it is of a different kind, dependent on persistent porrigo, and relievable by alkaline baths.—*L'Union Medicale.*

COMPARATIVE VALUE OF AMPUTATION AT THE KNEE JOINT, AND OF THE THIGH.

M. Baudens states, in a recent communication to the Academie des Sciences, that the above question is one of those that have engaged his attention during his directorship of the French army in the East. He found that the opinions of all the medical officers whom he consulted, whether in the Crimea, at Constantinople, or the military hospitals at Marseilles and Toulon, were in favor of disarticulation of the knee whenever the amputation of the extremity could not be performed below the patella. And, in fact, the disarticulation of the knee has succeeded in a given number of cases oftener than the amputation of the thigh, even when performed at the lower third. But the disarticulation is only to be preferred upon one express condition—viz., that it be performed immediately after the receipt of the injury. Consecutively, amputation of the thigh should be preferred. This second statement agrees in every respect with all that he has observed, written, and taught during the ten years he has been at the head of the Val-de-Grace. The excellent results of disarticulation of the knee, especially recorded in his clinical observations upon gun-shot wounds, were obtained in soldiers who had just been wounded on the field of battle. This difference in the results derivable from immediate and secondary amputation at the knee-joint, depends upon the fact that even in a state of health the size of the bones is not in complete accord with the amount of soft parts—a disproportion that becomes still greater when the patient has lost flesh during prolonged suffering and abundant suppuration.

In another communication, M. Baudens observes that, although the surgeons of the Sardinian army in the Crimea, hesitated to employ chloroform, those of the French army have used it in twenty-five thousand cases without any accident resulting. It was always administered with great care, so as not to go beyond the production of insensibility.—*Comptes Rendus.*

UPON A METHOD OF TREATMENT PREVENTIVE OF PUERPERAL FEVER.

M. Piedagnel communicated to the Academy of Sciences, Paris, in its sitting of Nov. 24, 1856, the following note upon a method of treatment preventive of puerperal fever:—During an epidemic of puerperal fever, at Paris, lying-in women were distributed through the various hospitals, and a certain number were received into the wards at Hotel Dieu, under the charge of M. Piedagnel. Conscious of the uncertainty of medication against this disease, M. Piedagnel thought it might not be impossible to prevent its occurrence, and forthwith endeavored to discover the means.

Knowing thatquinine had often been employed with advantage in this disease, and that it prevented the access of pernicious intermittent fever, a disease usually more severe than puerperal fever, and recalling that during the cholera of 1853–54 he had obtained undoubted preventive results from its use; knowing also that iron, which has a positive action upon all the economy, has also been employed with advantage against puerperal fever, it seemed that by associating them good results might accrue from their administration. But as puerperal fever ordinarily commences suddenly, and is not always preceded by any partial alteration, he thought the administration of these medicaments, which could not produce any injurious result, might be made before the appearance of the disease, when its irruption was feared.

The patients he received were well watched, and kept carefully clean. The windows of the wards were kept open almost all the time, even at night, when the weather would permit; fire was kept day and night in the stoves, so as to produce currents of air, and the treatment used was as follows:—

As soon as a woman entered the wards to lie-in, or if she had been delivered, she took two pills, each containing about one and a half grains of quinine, and fifteen grains of sub-carbonate of iron, and in the evening the same quantity; and as long as she remained in the hospital she took morning and evening the same dose, drinking linden-flower water and a bottle of Spa water. All the functions were watched and preserved as much as possible in their physiological integrity. This was the treatment in simple cases, but in those in whom the signs of the fever had become developed, the dose of the medicament was increased progressively each day as high as 5, 10, and 15 grains of the sulphate of quinine, and of a ʒj to a ʒiss of the iron. As soon as the symptoms became milder, the amount of the medicaments were reduced.

Of 94 women delivered under his care, one only died of puerperal fever contracted in his wards.—*Gazette Medicale.*

SANTONIN AS AN ANTHELMINTIC.

BY G. G. PERRY ESQ., DROXFORD.

[The very satisfactory effects of santonin in expelling round and thread intestinal worms are not generally known. Mr. Perry, who has tried its effects in many cases, says:]

Among the first cases treated, was that of a child of two years of age, to whom I gave three grains of santonin, followed in two hours by an aperient powder; this child voided the next moring, at one time, thirty-seven worms, some of them a foot in length, of the lumbricoid ascaris kind. Two children in another family were similarly treated, and between forty and fifty worms came from each; again, in a family of four, 124 worms at one time, and many more afterward, followed the aperient, each child having taken one dose of santonin. I could instance many more cases which have been relieved by this medicine. After the expulsion of the worms, I give a tonic mixture, containing the muriated tincture of iron and muriatic acid, and change the diet from a vegetable one to that of meat and bread. My cases all do very well.

I should state that santonin is a medicine that may be administered with perfect safety. I give it in its crystalized form, between bread and butter, and two hours after it a dose of calomel and jalap; in some cases an interval of twenty-four hours occurs before the worms are voided.

The persons who reside in the locality in which I have met with these cases, are very poor, and, from the high price of bread this winter, have had recourse to vegetables of the commonest description as an article of food, which will account for the presence of worms in the alimentary canal.—*Med. Times and Gazette, May* 17, 1856.

THE TREATMENT OF TYPHUS AND TYPHOID FEVER.

In a paper, on this subject, Dr. Deitl of Cracow, advocates a nourishing and tonic plan of treatment in fevers. Pure air and good nourishment (not mere slops) are, in his opinion, of far greater importance than pharmaceutical remedies; but, at the same time, a free use of acids, especially the phosphoric, and of quinine in large doses, is believed to be of the greatest utility. Dr. Deitl even objects to cold applications to the head, on the ground that the head symptoms in fever are the results, not of simple cerebral congestion, but of dyscrasia, which does not require and will not bear any depressing agencies whatever. The sentiments and practice of Dr. Dietl are indeed, very similar to the sentiments and practice of Dr. Stokes, and others of the same school.—*Wien Wochenschrift.*

THE INJECTION OF IODINE INTO OVARIAN CYSTS.

Tapping Ovarian Dropsy, and injecting the Cyst with Iodine; fatal result.—The following outline of the case will prove of interest at the present moment; it has been kindly furnished us by Mr. Geo. W. Lawrence, house-physician to King's College Hospital:

Maria F., aged thirty-two years, mother of several children, the subject of ovarian dropsy for the last eighteen months, twice tapped during the last three months. A large unilocular cyst, with a hard tumor at its base, somewhat larger than a fœtal head. Tapped by Mr. Ferguson on the 31st of January, 1857; and four ounces of the compound tincture of iodine injected into the cyst, with four ounces of water, nineteen pints of fluid having been first drawn off. She died the sixth day after the operation, apparently from exhaustion, having been in the intermediate time almost constantly delirious; and having, during the first four days, excessive vomiting. The vomit contained iodine in large quantity, in a state of combination; iodine was also found in the urine, tears and sweat. At the post-mortem, the cyst was found to be a large unilocular one, occupying almost the whole of the abdomen, and the tumor at its base to consist in part of a large number of small cysts, filled with the same albuminous liquid as the larger cavity, and the back part of a malignant growth. There was a great abundance of lymph thrown out in the larger cavity, but no adhesion, probably because fluid had been thrown out again so rapidly as to separate the surfaces. There was no trace of peritonitis, nor could any iodine be found in any of the fluids of the body by careful analysis.

We saw a second case submitted to the same treatment last Saturday. The patient was a female, aged thirty-five years, under Dr. Todd's care. She had been tapped five or six times before, which was repeated on the present occasion by Mr. Ferguson, when the iodine, about a pint of the solution, was injected. There was a number of immense veins coursing over the abdomen, which became smaller when the fluid was withdrawn.

We may remark that in both these cases paracentesis was performed with the patients in a recumbent posture on their sides. The advantages of doing it in this position are quite apparent.

Ovarian Cyst injected with strong tincture of Iodine, and retained.—One of the most suitable and proper cases submitted to this plan of treatment we saw at St. Mary's Hospital on the 11th instant. The patient, a single woman, aged 40, had had an ovarian tumor more than twenty years, which was tapped for the first and only time about twelve years ago, when thirteen pints of fluid were evacuated. The swelling has been slowly and gradually increasing since that time, and as it was now proving inconvenient from its weight and size, it was tapped on this occasion by Mr. Baker Brown, when the patient lay on her left side in bed, through one of the linneæ semilunares, and about eighteen pints of a dirty, slightly greenish, yellow fluid were withdrawn, which contained only a small quantity of albumen. She was then turned over upon her back, and six ounces of strong tincture of iodine, three times stronger than the ordinary tincture of the London Pharmacopœia, and undiluted with water, were injected into the cyst through a gum-elastic catheter passed through the trocar. This was allowed to remain, as is the custom of Mr. Brown in such cases, and was not followed by the slightest pain. In fact, as the patient seemed otherwise a tranquil, quiet, healthy woman, the result is likely to be a successful one. When reaction sets in from the effects of the iodine, Mr. Brown gives wine, as very great prostration is often the result of it. Generally in about half an hour after the injection has been completed, all the secretions of the body become most remarkably impregnated with iodine, the saliva tasting quite strong of it.—*Lon. Lancet, May*, 1857.

HYDROPHOBIA.

BY ABRM. LIVEZEY, M. D., NEW HOPE, PA.

The painful recital of cases of Hydrophobia, ever and anon reported in the newspapers, has induced me recently to examine more closely the views of medical men thereon, and the treatment employed by old physic in this terrific and ever mortal disease. This review has, if possible, exhibited to my mind more serious and destructive errors, both in theory and practice, than any it has been my duty to expose in my preceding articles; errors so gross and astounding, as to be almost a matter of surprise to myself.

Upon the completion of this review, I ask a thinking public, (for doctors will not think,) to judge, whether the regular practice in this frightful disease is based upon any sound pathological principle,—or how far it is calculated to relieve the patient and subdue the fell poison that is coursing in his system, to the *certain* destruction of the unhappy and unfortunate victim; for the "medical faculty" do not recognize a single cure of hydrophobia, after that dreadful disease has declared itself by its characteristic symptoms.

Reports of cure have, however, time and again been made by Thompson and his disciples,—but as they are not from a "legitimate source," they are deemed to be not sufficiently well authenticated, to secure the credence of the "profession."

"Post-mortem examinations show an absence of all definite or constant traces of organic change," and give no clue to a rational treatment of the disease. Indeed, with the *new* light which Dr. Dixon has cast upon the world of medical science, it is perfect folly longer to seek a knowledge of the treatment of disease in the dissecting room, or by the oft-repeated farce of post-mortem inspections.

True, there is "frequent inflammation of the inner surface of the mucous membrane of the stomach" observed, which is sometimes *softened*; and all authors speak of the fauces, œsophagus and bronchial tubes being filled with a tough, stringy mucus,—and yet the general fact above mentioned, with the "nature of the symptoms, sufficiently mark the disease as belonging secondarily, to the nervous system." From whence the "excessive nervous irritability and apprehension"—the "spasmodic contraction of the muscles of the fauces"—the general "paroxysms or convulsions"—if a *something* did not *primarily* exert an unfavorable influence upon that nervous system?

With a near approximation to the truth, may we not assert that these symptoms are produced by the impression of the rabid virus, secreted from the various follicles and glands, and poured out upon the mucous membrane of the alimentary canal, and thence by the reflex action of the nervous system, are the spasms produced,—acting as centers or sources of irritations, as do teething in infants, and indigestible substances in the stomachs of children, both of which are capable of exciting spasmodic action and convulsions in their uninured organisms?

That the virus is thus secreted, is indisputable,—or whence power of the rabid animal to inoculate his fellow by a mere abrasion of the cuticle and a suffusion of the part with a little saliva, or mucus? Whence also the "signs of digestive disorder"—the "difficulty in the deglusion of liquids"—the coming on of "singular nervous paroxysms"—the "sensation of stricture or oppression felt about the throat and chest,"— and the "painfully embarrassing breathing?" Whence also the "copious secretion of a viscid mucus in the fauces, which the patient spits out with a sort of frantic vehemence and rapidity," or pulls out the "viscid secretion" with his fingers, which are "characteristic features of the disease," as well as "one of the most striking phenomena of the case?"—*Prof. Wood.*

Let us now examine, for a moment, the effect upon the system of a small portion of variolus or small-pox virus, introduced by inoculation, and mark the analogy existing between the action of the rabid virus, and the virus of the small-pox,—milder in the latter case, 'tis true, by reason of the less degree of virulency of the poison, —but yet amply strong enough to manifest the striking resemblance.

In due time after inoculation for small-pox, the stomach becomes disordered, the tongue coated, with general pain and distress. Mucus also collects in the fauces, and bronchial tubes, giving occasion, not unfrequently, to oppressed breathing or constriction of the chest, and in children to convulsions also. But in this case, the system, in a great degree, frees itself by the development of a copious crop of pustules; whilst the physician rationally gives emetics where indicated, or mild purges to keep the stomach free from any accumulation of foul secretions, whereby the disease is soon conducted to a favorable termination.

The whole system then, the external surface, and the mucous membrane, which is a mere prolongation of the cuticle, the solids, and the fluids of the body, are poisoned by a minute spec of variolous matter inserted beneath the skin;—or whence the power to infect others (not protected), by the exhalations from the body, from which arises a peculiar and disagreeable odor.

In the commencement of the manifestation of hydrophobic symptoms, "acute pain, or shocks of pain, are now and then felt in the epigastrium," where the poisonous virus is most largely effused. The "tongue is generally furred; often a burning in the throat, with thirst which cannot be allayed;" and, finally, the "skin is covered with a viscid and offensive sweat;"—proving, also, that the whole system, as in the case of small-pox, is under the influence of the virus.

In the treatment of small-pox, the physician assists the recuperative powers to throw off the poison, by the removal of the morbid secretions as they arise; but in the treatment of hydrophobia, where there is ten-fold greater need of such natural assistance, he either debilitates the system by resorting to blood-letting, or fastens these poisonous effusions within and upon him, by the continued administration of opium, morphia, chloroform, and other similar agencies.

More definitely, then, what are the indications for a thorough, energetic, and successful treatment of hydrophobia, as manifested in the human subject?

Wherfore are we recommended by our standard text-books, daily to evacuate the morbid secretions from the muciparous and other glands throughout the alimentary canal, in cases of epidemic fever? Why do they advise emetics where there is oppression from accumulation of mucus, or where, by the presence of nausea and vomiting, there is further evidence of disordered stomach?

This, though, is rational treatment; but wherefore do they, in a case of hydrophobia, fasten down those more poisonous secretions upon the patient, by successively trying "opium—acetate of lead—tobacco —mercury—arsenic—venesection, *ad deliquium animi*—cantharides—white hellebore—injecting warm water into the veins —or solution of morphia," &c., &c. In the name of humanity and mercy—in the name of hecatombs of victims which each generation has yielded, we ask why this treatment? The patient is not only not permitted to die a natural death, but the physician virtually, and actually assists, by such a course, a lethiferous poison still further to crush all nervous energy—to paralyze all vital action. Would not every case of epidemic fever, or other malignant disease, terminate fatally, under a treatment such as that to which the rabid patient is subjected?

The nature of the disease, the symptoms manifested, and the post-mortem appearances, (so far as they are worth anything), indicate the use of such medicines and means as will at once by their diffusive nature penetrate and cleanse the pulmonic and digestive apparatus of the morbid secretions as rapidly as they are effused, and stimulate and uphold the vitality of the nervous system. If these morbid secretions are not removed, but are fastened within and upon the patient, they must necessarily act powerfully upon the sentient extremities of the afferent nerves, and by the reflex action are conveyed back to the circumference by the efferent nerves—the fifth and eighth pairs particularly—to the face, pharynx and larynx, and upon the excito-motory system of Sir Marshall Hall, the violent spasms mainly depend.

Holding it to be a self-evident truth, that the hydrophobic virus is poured out upon the mucous membrane—otherwise the disease could not be communicated by a *bite* or the saliva—the indication in treatment is to remove the *cause*, and the *effect* will of necessity cease.

For this purpose we should have prepared the following tincture:—

Myrrh 1 lb., Capsicum 2 oz., Brandy 1 gall. Let these macreate about ten days in a warm place—decant, and add to the clear tincture ½lb. each of lobelia seed, capsicum, and valerian. After standing an additional ten days, the tincture is ready for use.

ADMINISTRATION.—When the undoubted symptoms of hydrophobia, which are known to every one, manifest themselves, with the paroxysms supervening, let the wound or cicatrice be kept constantly wet with cloths saturated with this tincture,—use the hot stimulating foot-bath, or the warm vapor-bath—if the surface be cold and cramped, give a strong infusion of bayberry and capsicum, with from two to three table-spoonfulls of the above tincture, every 20, 30, or 60 minutes, according to the severity of the symptoms and the obstinacy of the paroxysms, repeating the same until free vomiting ensues. As an adjuvant, to shorten the convulsions, chloroform may be inhaled, and injections of the above tea and tincture may be conjoined; indeed, the case may occur, where the difficulty of swallowing is so great, that our whole dependence, for the time being, must be upon these latter means, conjoined with the hot, or vapor-bath. In such cases vitality is so much depressed, that these stimulo-relaxant injections are generally retained, until they impress the whole system, and produce full vomiting.

The *modus operandi* of this treatment will be apparent upon a moment's reflection. In the first place, the astringent or "anti-canker" infusion of the bayberry, rendered diffusive and stimulating by the capsicum, is a powerful detergent to the fauces, and alimentary canal, while it stimulates, at the same time, the whole glandular system to a more healthy action. The stimulating foot-baths have a derivative effect, and the vapor bath both assists in relaxing spasm, equalizing the circulation, and throwing all effete matters to the surface, —and thus are those "copious offensive perspirations" removed; while the compound tincture of lobelia, containing, as it does, the sanative properties of the myrrh, the diffusive, stimulating and warming properties of the brandy and capsicum, the tonic and sedative effects of the valerian upon the nervous system, and the potent, antispasmodic, diffusible, and revivifying properties of the lobelia, when thus combined, exert a generally recuperative power by relaxing nervous spasms; freeing the system (by emesis) of all irritating, poisonous secretions; by stimulating the organs of vitality to healthy action, and restoring the whole economy to its wonted healthy play.

After the bath, the vomiting &c., the patient will become tranquil, and pass, perhaps, several hours in refreshing slumber,—to awaken, however, to a renewal of the paroxysms, dread of water &c., because fresh quantities of poison are secreted and thrown upon the *primæ viæ*. These paroxysms must be overpowered, and the poison removed again and again by a repetition of the *same course* till all is calm again; administering, during the *remissions*, quinine and hydro-cyanic acid largely, and repeatedly; and by thus persevering for a few days, we shall have the pleasurable satisfaction of witnessing a recovery from a disease which is emphatically the opprobrium of medical science,

Then would Prof. Wood, (and other learned authorities), be no longer under the humiliating necessity of declaring the *ignorance* of the profession to the world, in the following language:—"The whole magazine of therapeutics has been exhausted in the treatment of hydrophobia." "I do not pretend," concluded he, "to recommend any course of treatment, where I can adduce *no sound therapeutical principle* in its support!"

Further remarks upon hydrophobia, its nature, &c., and cases of bites of venomous serpents, will be cited hereafter, which were cured by attention to the rational principles herein described, though by different medical agencies.—*Medical World.*

CHINESE OPIUM SMOKING.

Clive, in his description of China, and Chinese customs, states that one of the streets of Canton is occupied entirely by shops for the sale of this deadly drug: "One of the objects in this place, that I had the curiosity to visit, was the opium smoker in his heaven; and certainly it is a fearful sight, although not so degrading in the eye as the drunkard from spirits, lowered to the level of a brute, and wallowing in his filth. The idiot smile and death-like stupor, however, of the opium debauchee, has something far more awful to the gaze than the beastiality of the latter. The rooms where they sit and smoke are surrounded by wooden couches, with places for the head to rest upon, and generally a side room is devoted to gambling. The pipe is reed of about an inch in diameter, and the aperture in the bowl for the admission of the opium is not larger than a pin's head.

The drug is prepared with some kind of conserve, and a very small portion of it is sufficient to charge it, one or two whiffs being the utmost that can be inhaled from a single pipe, and the smoke is taken into the lungs as from the hooka in India. On a beginner, one or two pipes will have an effect, but an old stager will continue smoking for hours. At the head of each couch is placed a small lamp, the fire must be held to the drug during the process of inhaling, and from the difficulty of filling and properly lighting the pipe, there is generally a person who waits upon the smoker to perform the office. A few days of this fearful luxury, when taken to excess, gives a pallid and haggard look to the face, and a few months, or even weeks, will change the strong and healthy man into little better than an idiot skeleton. The pain they suffer when deprived of the drug, after long habit, no language can explain, and it is only when to a certain degree under its influence that their faculties are alive. In the houses devoted to their ruin, these infatuated people may be seen at nine o'clock in the evening, in all the different stages, some entering half distracted to feed the craving appetite they had been obliged to subdue during the day, and others laughing and talking wildly under the effects of a first pipe; while the couches around are filled with their different occupants, who lie languid with an idiot smile upon their countenances, too much under the influences of the drug to care for passing events, and fast merging to the wished for consummation. The last scene in this tragic play, is generally a room in the rear of the building, a species of deadhouse, where lie stretched those who had passed into a state of bliss the opium smoker madly seeks—an emblem of the long sleep to which he is blindly hurrying."

LUPULIN IN SPERMATORRHŒA.

Dr. Pescheck has employed lupulin for several years in a great number of cases in which spermatorrhœa seemed to depend upon no mechanical cause. At first, he used to give two grains night and morning; but finding such doses of no avail, he prescribed from ten to fifteen grains to be taken just before bedtime, prohibiting the drinking of water after it. From such doses, even continued for a long time, he has found no inconvenience to arise, while they have acted beneficially on the disease. In some cases he combined with it one or two grains of pulv. digitales. A valuable peculiarity in the operation of lupulin, is the beneficial action it exerts upon the digestive process, which so often suffers in these cases. It is also very useful in mitigating the urethral irritation and discharges consequent on former excesses, and in many cases, more so than iron or quinine. Its especial utility in the chordee of gonorrhœa, Dr. Peschcek has had many opportunities of witnessing. It is best administered without any additions that might diminish its bitterness, as its effects are very proportionate to the intensity of this property. Old lupulin deprived of its oil and bitter taste is almost always useless. —*Buckners' Repert. fur Pharm.*, *No.* I,'56.

HEALTHY AND UNHEALTHY HOUSES.

No fact is better established than this, viz., that dwellings so located as not to have the direct rays of the sun, on either side, are not to be compared to those on which the light is freely admitted. There is more sickness in shaded houses than in those about which light and air circulate. But the worst of all houses, and those where the greatest amount of sickness is recognized, taken for a series of years, will probably be found in such as have basement stories. They cannot be constructed when any of the rooms for family purposes are below the land or sheet level, as not to be objectionable in many respects, independently of the first of all considerations, health. Builders are constantly violating the laws of health in cities, by persisting in the erection of basement stories, and no arguments have been successful in persuading them to keep the kitchens, breakfast and dining room above ground. It is quite time that some municipal regulations were instituted in reference to this important point. Besides the confined gases, gatherings of dampness, leakages of pipes, fetid air under the floors,—the concealment of vermin, discoloration of paint, and the difficulty that sooner or later is discoverable in the drainage—the erection of houses with underground basements should not be encouraged.—*Medical World.*

NO SICKNESS.

No persons are more gratified at intelligence like this, that it is a time of almost universal health, than physicians. It is mainly due to an observance of the rules they prescribe, that this happy state of the public health has been attained.

When the people are willing to be advised by those who are conversant with the principles, on the observance of which, an exemption from sickness somewhat depends, instead of dosing themselves and dabbling with quack preparations, they may calculate upon an increase of years, and fewer aches and pains—the penalties, invariably, of violation of some vital law.

It is a lamentable misfortune for individuals to settle down upon what they suppose to be an absolute fact, viz: that they understand their own constitution. They impose upon nobody but themselves. The consequence of such infallible knowledge of the processes going on within their complicated animal structure often leads to a derangement of the functions and organs in the unwise attempt to keep them in order.

Never take drugs without the advice of a competent medical practitioner; and whether it is agreeable or not to follow his direction, by no means allow a crude theory, based upon no rational data, interfere with his advice.

Were physicians to treat patients as invalids abuse themselves, under the mistaken idea that they understand their sensations better than those who make the phenomena of disease the all-absorbing persuit of life, the courts of law would demand investigations.

Public health is really of more importance than individual cases of sickness. Local trade, commercial intercourse with foreign nations, and, in short, whatever is gained for the prosperity of a community, either in town or country, are essentially influenced by the stability of the public health.

These considerations have given rise to a distinct branch of sanitary researches within the last twenty years. Sewerage, the introduction of water from pure sources, and the removal of all decomposing matter from the midst of densely settled districts, occupy a high order of minds in the halls of legislation. And if still further explorations were instituted by the State governments, to secure the people from surprisals of epidemics, often developed or propagated through the negligent administration of those whose express duty is to remove all probable sources of disease from narrow streets, confined yards, and damp houses, it would be a noble achievement.—*Medical World.*

TREATMENT OF ASTHMA.

BY C. S. STILWELL, M. D.

There are few diseases falling under a physician's observation, in the treatment of which his means are more limited, and followed with less satisfactory results, than that of spasmodic asthma. So general is this opinion, that seldom is a physician consulted, except in extreme cases.

I have administered the hyd. potassa in this disease, with most decided temporary and permanent relief. Exhibited in five-grain doses three times a day, the effect is immediate and marked. Of the rationale of its effects I am ignorant; but the administration of it is soon followed by a slight expectoration of viscid mucus, attended with an amelioration of all the most urgent symptoms. In hay asthma, rose fever, and cases analogous to true spasmodic asthma—caused by certain perfumes, vapors, &c.—this remedy produces the same relief. That hyd. potassa possesses a specific influence upon the air passages, I think is undoubted, and I am prepared to learn that it will be found one of our most efficacious remedies in "pseudo-membranous" croup, to disengage the false membrane after the inflammatory action has been reduced. Will the profession give it a trial?—*Boston Med. & Surg. Journal.*

SALE OF POISON.

Sydney Smith said that railroad accidents would never receive proper attention until a bishop had been smashed by one. No ecclesiastical Quintus Curtius has yet offered himself for immolation; and, therefore, the little attention hitherto bestowed on the subject has led to nothing in the way of improvement. But if the postulate of the witty divine equally apply to other subjects, we may entertain hope that a check will soon be put to the indiscriminate sale of poisons. On the last night of the last Session, the Marquis of Westmeath informed the House of Lords, that a child of one of his own relations had been poisoned by medicines which a boy in a chemist's shop at Worthing had improperly prepared. This, said his lordship, proved the necessity of some restrictive measure, and he wished to know what Government proposed to do. As Government was just then at its last gasp, and itself dying from the effects of a poison of wondrous subtlety, being "stung to death by slanderous tongues," no definite statement was made as to the steps that would be taken, now that the child of a relation of a member of the House of Lords has suffered. Of course the matter was stated to be under consideration of Government. Equally of course there were innumerable difficulties hedging round the subject. Law givers seem to forget that it is only the fact of the existence of these difficulties which makes legislation either necessary or desirable.—*London Lancet.*

Part 3.—Editorial.

USE OF POISONS IN THE MANUFACTURE OF LIQUORS.

The injurious effects of this practice are becoming daily more apparent, and the evidence that the people are thus being poisoned by thousands, is accumulating with a truly alarming rapidity. It was formerly supposed that poisonous drugs were used only in the manufacture of brandies, wines, &c., but it is now discovered that the most virulent poisons are used in the process of distilling.

"A few evenings since," says a city paper of a recent date, "a woman was found in a retired part of Western Row in a state of helpless intoxication, with an infant babe clinging to the breast of its degraded parent. In reply to questions asked her, she stated that she drank two or three glasses of whiskey, when she became oblivious to all that passed, until she awoke to consciousness within the cell of the watch-house. This plea of entire forgetfulness after drinking a few glasses of liquor, is becoming very common, which no doubt arises from the fact that strychnine, arsenic, and other poisonous substances are used in manufacturing whiskey."

THE ELECTROLYTIC INSTITUTION OF CINCINNATI.

This institution was organized for the electrolysis of mercury, lead, arsenic, antimony, and other deleterious metals from the system. The proof is beyond all controversy, that these poisonous minerals will lie secreted within the system for years, and during that time will cause a variety of symptoms more or less severe, often terminating in the death of the patient. Now that the proof is susceptible of easy demonstration, that the voltaic current, when properly applied, will speedily withdraw these metals from the system, we have deemed it necessary to organize an institu- of poisonous minerals within the system. The great number of patients who are constantly calling upon us, or corresponding with us, must be accommodated. Besides, the wants of the community require that an institution of the kind, under the superintendence of experienced persons, should be established in this city. This will possess its full significance when we recognize the fact, that the great majority of chronic and other similar diseases, with which the people are afflicted, originate through the influence of mercury, and that this metal, with all its accompanying diseases, can be removed from the system in from one to three sittings of half an hour each.

It has been denied that mercury can be electrolysed from the system, but this denial has been made by those who are entirely ignorant of the laws pertaining to the electrolysis of metals. Were they at all cognizant of those laws, they would at once perceive, that the passage of metallic particles through living tissues is equally as felicitous as their passage through dead ones. In fact, careful experiment has proved that the living tissues possess a power of assisting the voltaic current in the expulsion of all metallic particles foreign to the system from it, and that, therefore, the withdrawal of mercury, lead, and other deleterious metals from the living system, is more speedily and thoroughly done, than through the dead one. This being known from thorough and careful experiment, repeated again and again upon both the living and the dead subject, the next inquiry is, whether the presence of mercury, lead, &c., within the system, can cause disease; and previous to that, whether these metals will remain within the system for any length of time. The electrolysis of mercury from the systems of those who have not taken a grain of any mercurial preparation for twelve years, forever lays at rest the negative of the latter inquiry. We now know that mercury has been withdrawn from the system after tion expressly for the electrical treatment of those diseases incident to the presence existing there for a dozen years. The case of Mr. E. C. Hawkins, our eminent photographer, is proof of this. That the presence of mercury causes a series of diseases, or affections, always renewed and continuous, and equally painful, has been proved in innumerable cases. The case spoken of above may be cited in illustration. For twelve years Mr. Hawkins suffered indescribable misery. His swollen and distorted joints speak volumes in proof of the mischief that a little mercury securely lodged within the system will do. For twelve years Mr. Hawkins did not get perhaps one single night's calm, uninterrupted rest. But from and after the day that he was electrolysed, (when over a drachm of quicksilver was drawn from him), he has enjoyed placid, undisturbed rest, throughout the entire night; nor has he had a recurrence of those terribly painful affections.

This is only one among many similar instances that we could adduce in proof, that the great majority of continued and painful affections are nothing else than the result of the presence of mercury within the system. Frequently a sitting of half an hour will remove those causes of severe disease, which have been torturing the body for years.

VIBURIN.

BY GROVER COE, M. D.

[The following communication was received to late for insertion in the regular department.]

Viburin is derived from the bark of the Viburnum Oxycoccus. *Nat. Ord.*, Caprifoliaceæ; *Sex. Syst.*, Pentandria Trigynia. Common names, High Cranbery, Cramp Bark. By some authors it is recognized as V. Opulus.

The bark, on correct analysis, yields four distinct principles, namely, one resinoid, two resins, and one alkaloid. These four principles constitute the entire therapeutic yield of the plant, and, when isolated, deprived of the presence of non-medicinal matters, and re-combined in normal proportions, form the viburin under consideration. Viburin is identical in therapeutic properties and employment with the plant from which it is derived. Hence, those who are familiar with the properties and uses of the crude article, will simply need to make a transfer of that knowledge.

To those who have not as yet embraced this article in their list of remedies, I can speak authoritatively in regard to its value as an antispasmodic. Accustomed for many years to gather and use the crude bark, I feel myself competent to pass judgment upon the merits of the viburin. During the last three or four years, I have had occasion to prescribe it in a great number of cases, and in no instance have I remarked any discrepancy of therapeutic action between this preparation and the crude bark. Further than this, I would state that I have realized greater promptitude of action, and certainty of result.

Viburin is of especial value in the treatment of diseases peculiar to females. Amenorrhea, dysmenorrhea, hysteria, convulsions, including puerperal after-pains, etc., afford indications for its exhibition. It may be given alone or in combination with other of the organic remedies. The following is with me a favorite prescription:

℞ Viburin,
Caulophyllin,
Cypripedin, aa. gr. viij,
Gelsemin, gr. iv. M.

Make eight powders; give one every two hours until complete relief is afforded.

This I have found of singular efficacy in relieving the pains and spasms attendant upon dysmenorrhea. In severe cases the dose may be repeated every hour. The combination may be varied by substituting scutellarin for the cypripedin, macrotin for the caulophyllin, and the proportions may be altered to suit the judgment of the practitioner, or the indications of the case.

A combination of viburin and asclepin will be found of great service in relieving the immediate symptoms of flatulent colic.

In fact, in all spasmodic affections of the stomach and bowels, it will be found a valuable auxiliary remedy.

I well remember an incident which occurred in my native county, a few years since, illustrative of one of those mistakes which will sometimes occur in the practice of the most discreet. I had the narration from the lips of the "perpetrator" himself. Being called one evening to visit a patient suffering from a severe attack of cholera morbus, in great haste, he seized, as he supposed, his bottle of "cholera syrup," and hastened to the scene of his labors. Arrived, and hastily diagnosing his case, he proceeded to administer his "specific" in accordance with established usages. In a comparatively short space of time, he was rewarded for his toils by the contemplation of the rapidly improving condition of his patient, the results justifying the "faith that was in him," relative to the potency of his remedy. On visiting his patient next day, he found him convalescent. Such marked success of course served to stimulate him to expatiate upon the value of his preparation, when lo! on a nearer inspection of the "friendly" bottle, he was somewhat taken aback by discovering that, instead of "cholera syrup," he had been administering "mothers' cordial!"

This incident serves to confirm the antispasmodic properties claimed for the viburnum—it being one of the chief constituents, together with the caulophyllum, or blue cohosh.

In all cases where a certain, uniform, and reliable antispasmodic is demanded, the practitioner will find this not to disappoint his expectations. The cramps following the period of the cessation of the menses, to which many aged females are subject, may be effectually relieved by this remedy. The spasmodic pains which follow as sequents in the train of fractures and luxations of the joints, may be almost invariably mitigated or cured by the use of the viburin.

The viburin may be profitably combined with the vegetable tonics, such as cornin, cerasein, etc., for the purpose of contributing to the permanency of its action.

The dose of the viburin is from three to five grains.

New York, May, 1857.

LIBRARY OF THE COLLEGE.

The following is a list of the books recently donated to the library of the Eclectic Medical Institute:

BY EDWARD H. DIXON, M. D., NEW YORK,

8 volumes Scalpel.

BY HORACE GREEN, M. D., NEW YORK,

Treatise on Bronchitis, Polypi of the Larynx, Treatise on Croup.

BY G. P. PUTNAM & CO., NEW YORK,

Report of the Sanitary Commission of Massachusetts, 1850; Gray's Manual of Botany, St. John's Elements of Geology, Flint's Grasses and Forage Plants.

BY FOWLER & WELLS, NEW YORK.

Trall's Home treatment for Sexual Abuses, Trall's Hydropathic Encyclopedia, Trall's Hydropathic Cook Book, Trall's Uterine Diseases and displacements, Shew's Hydropathic Family Physician, Shew's Children—their Diseases and management, Shew's Midwifery and Diseases of Women, Shew's Water-cure Manual, Combe's Constitution of Man, Combe's Lectures on Phrenology, Youman's Alcohol and the Constitution of Man, Weaver's Lectures on Mental Science, Rausse's Water Cure, Water Cure in America, Spurzheim on Education, Boardman's Defence of Phrenology, O. S. Fowler's Practical Phrenology, Fowler's Home for all, Fowler's Physiology, animal and mental, Fowler on Matrimony, Fowler on Memory, Fowler on Marriage, Fowler on Love and Parentage, Fowler on Hereditary Descent, Fowler on Self Culture.

BY R. KEITH & CO., NEW YORK.

Positive Medical Agents.

BY S. S. & W. WOOD, NEW YORK.

Gazenave on the Skin, Fuller on Rheumatism, Budd on Diseases of the Stomach, Gregory on Eruptive Fevers, Murphy on Parturition, Beck on Materia Medica and Therapeutics, Chambers on Digestion and its derangements, Blackman's Vidal on Venereal, Harrison's Dublin Dissector, Foote's Practitioner's Pharmacopœia, Cock's Manual of Obstetrics, Bowditch's Young Stethoscopist, Paine's Materia Medica and Therapeutics, Beck on Adulteration in Medicine, Tilt on Menstruation, Wright on Headache, Beck on Infant Therapeutics, Bower's Memoranda on Anatomy, Surgery, &c., Foote's Ophthalmic Memoranda, Cock's Prescriber's Pharmacopœia, Isaac's Anatomical Remembrancer, Shaw's Medical Remembrancer, Reece's Medical Lexicon, How to Nurse Sick Children.

BY PROF. W. BYRD POWELL, COVINGTON, KY.

10 copies Human Temperaments.

NATIONAL HOTEL POISON.

The Board of Health of the city of Washington have at last begun to inquire into this matter, and wish to know how many and who have died.

We are much surprised to see so many conductors of the press still pretending not to be able to explain the cause of the severe sickness which attacked those persons from all parts of the country, who boarded at the National Hotel in Washington City, about the 4th of March. We have no doubt that every one was poisoned with *arsenic*, and if our brethren of the press will consult any medical work in reference to the symptoms produced by this deadly poison, they will find the symptoms of every victim there described. Any one, either in or out of the medical profession, who will deny these facts, will at once prove to the world that he knows nothing of the action of this poison upon the human structure.

We hope some person will collect the names of the victims, and publish the list, which, if nothing more, may act as a "consuming fire" upon the conscience of that fiend in human form, who administered the poison.

That this wholesale murder was for the purpose of killing President Buchanan, there is no doubt, and it is to be hoped that the perpetrator will yet be detected. The following dispatch from Washington to the Baltimore sun, is positive testimony:

A *post mortem* examination of the remains of a gentlman who died in Pennsylvania, from disease contracted at the National Hotel in this city, shows a deposit of arsenic in the stomach. A patient now here, suffers an enlargement of the abdomen from some cause, and with marked symptoms of being poisoned."

If this matter is fully and fairly investigated, we think the fiend who dealt out the poison will yet be detected; it seems impossible that such an infamous crime can long remain so complete a mystery.

ALLEGED MAL-PRACTICE.

The New York Scalpel notices at some length, the case of Chas. M. Steele *vs.* R. S. Newton, tried in the Superior Court of Cincinnati, in Nov. last. The Editor says:

"This case was a fracture of the lower extremity of the humerus across the condyles. The joint, ten months after, had perfect motion; but the arm was partially atrophised, and the wrist-joint "abducted." Damages laid at $3000.

"We can not give the case in full to our readers; our space will not allow. It was similar in all its essential features to the celebrated Green Point case, where Dr. Snell was prosecuted, in which our readers will remember the jury gave a verdict in the teeth and eyes of all the evidence, against the defendant, and the sound and enlightened charge of Judge Strong. In this case, a more honest jury came to a different conclusion, and brought in a verdict for the defendant. The Judge's charge was more than righteous; it was dignified and scientific; we would have all ignorant and selfish persons, and paupers, who expect to make fortunes out of unfortunate surgeons who may be foolish enough to attend their children or themselves without a bond of immunity, to read the following portion of Judge Spencer's lucid charge to the Jury; their future prospects are vanishing; it will be good policy henceforth to take better care of their children; breaking bones and suits for damages won't pay. Maria Steele signs *her mark*; it is therefore to be presumed she was very ignorant, and badly advised."

After giving a summary of the arguments of counsel for defense, and also of the Judge's charge, Dr. Dixon remarks:

"All this the plaintiff utterly failed in proving, whilst the defendant proved all necessary care and skill, and accordingly gained his verdict. Another suit, for libel against Dr. Newton, has originated out of this one."

"We would have the reader observe the almost perfect parallelism between this case and the Green Point case; the injury was precisely the same; in both cases the counsel seem to have attached no importance to the failure of the circulation in the hand, from the *injury to the artery by the accident itself*. This was absolutely unsuspected in the Green Point case till we, as medical counsel for the defendant, discovered it; and yet there is no doubt it was the sole cause of the injury to the hand. Until surgeons are allowed to instruct the court and jury in these cases, they work in the dark, and justice is a mere farce. Mark ye, gentlemen; we don't want to instruct you in moral insanity, but simply in anatomy and the use of arteries; which arteries *create and nourish* hands and fingers, feet and toes; and which arteries are liable to be torn across by the fracture of bones, and compressed by the thickening of the tissues, the necessary consequence of the inflammation consequent upon the injury; this the bandages of the surgeon can never do, however tight they may be applied, although he may compress the veins, as we all know. Henceforth, therefore, learn wisdom from Judge Spencer's lucid charge, and submit to be instructed. Surgeons! take an indemnity bond or never treat a *poor* patient: they are always surrounded by bad and ignorant advisers, and are sadly covetous of your supposed wealth.

NATIONAL ECLECTIC MEDICAL ASSOCIATION.

The annual meeting of this Association will be held in the hall of the Eclectic Medical Institute, corner of Court and Plum streets, Cincinnati, at 10 o'clock, A. M., on Wednesday, June 17th, 1857. From intimations we have already had we expect a large number of our practitioners will be present. The following is a list of the essays to be read at the approaching meeting:

On Physiology, Temperaments, &c.—W. Byrd Powell, Kentucky.

On Chemistry, Pharmacy, and Mode of Preparation of Concentrated Medicines—Adolph Behr, New York.

On Ancient Medicine—I. M. Comings, Macon, Ga.

On Theory and Practice of Medicine—R. S. Newton, Ohio.

On Obstetrics, &c.—H. M. Sweet, New York.

On Surgery and Improvements in Surgical Practice, and Statistics—Z. Freeman, Ohio.

On Anatomy and Pathology—H. M. Sweet, New York.

On Medical Progress and Comparative Statistics—G. Coe, New York.

Eclectic and other Reform Medical Colleges, Literature, Number of Physicians, Comparative Success and popularity in the United States—L. E. Jones, Ohio.

We sincerely trust that all who can possibly make it convenient to attend, will be here, that we may compare notes, talk over our success in the practice of our chosen profession, and adopt such measures for the future success of the Eclectic cause as may be deemed advisable.

BOOK NOTICES.

HOOPER'S WESTERN FRUIT BOOK. A compendious Collection of Facts, from the Notes and Experience of Successful Fruit Culturists, arranged for Practical Use in the Orchard and Garden. By J. E. Hooper. Cincinnati; Moore, Wilstach, Keys, & Co. 1857. pp. 333.

This charming book of facts and observations, commends itself to the attention of all who have any taste for pomological pursuits; but to the Physician, who has but little time to devote to anything but the discharge of the arduous duties of his profession, it is peculiarly adapted; its beautifully colored plates of luscious fruits are well calculated to inspire him with a desire to improve and perfect the fruits on his homestead. The work is highly creditable to all who have participated in its production—Author, Artists, and Publishers—and is another demonstration of the energy and taste of the "Great West."

How To Talk. A Pocket Manual of Speaking, Conversation, and Debating; with directions for acquiring a Grammatical, Easy, and Graceful Style; embracing the Origin of Language; a condensed History of the English Language; a Practical Exposition of the Parts of Speech, and their Modifications and Arrangement in Sentences; Hints on Pronunciation; the Art of Conversation; Debating, Reading, and Books; with more than Five Hundred Errors in Speaking Corrected. New York: Fowler & Wells, 108 Broadway. 1857.

This is another of those admirable Hand Books, now issuing from the press of Fowler and Wells; and which are well calculated to confer incalculable benefit upon the masses of the community. It is one of those manuals that can be studied with profit as a "remembrancer" by those who have in earlier life enjoyed the privilege of "rubbing their shoulders against a college wall."

Clinical Lectures on the Diseases of Women and Children. By Gunning S. Bedford, A. M., M. D.; Professor of Obstetrics, the Diseases of Women and Children, and Clinical Midwifery, in the University of New York. Fourth Edition, Carefully Revised and Enlarged. New York: S. S. & W. Wood, 384 Broadway. 1857.

No better evidence of the popularity of any book, need be cited than the fact that a Fourth Edition has been called for in so comparatively short a time. We have to acknowledge the receipt of a copy of the New Edition, from the enterprising publishers.

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The Annual Meeting of the National Eclectic Medical Association, will be held in Cincinnati on Wednesday, the 17th day of June, 1857, at the hall of the Eclectic Medical Institute, corner of Court and Plum streets. H. Tuthill, *Pres.*

Grover Coe, *Sec.*

A NEW WORK.

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Part 1—Original Communications.

PNEUMONIA.

BY J. TURRENTINE, M. D.

So much has been written on this subject, that it would seem, at this late hour, that anything from my pen would be superfluous. Yet, while we shall not attempt an investigation of the subject at large, we have a few suggestions to offer that, we humbly trust, will not be altogether wanting in interest. We have nothing to say in reference to this form of disease as it usually prevails in a northern country, from the very good reason that we have had no experience with it. But we have some experience with it, as it has prevailed in Alabama and Arkansas, for the last few years; and, outside of our own field of observation, we leave the subject to abler, and more gifted pens.

Dr. C. J. B. Williams (*Cyc. Prac. Med.*) defines it to be "fever, with more or less pain in some part of the chest; accelerated and sometimes suppressed breathing; cough, with viscid and rust-colored expectoration; at first the crepitant rhonchus, afterward, bronchial respiration and bronchophony, with dullness of sound in percussion in some part of the thorax; (*Newton and Powell's Ec. Prac. Med*, p. 737;) which definition we shall submit. As we design giving but a brief and practical treatise, and as the disease is so well understood, we shall give but a nut-shell synopsis of the symptoms, and pass to the object of our essay.

Most commonly, as other severe inflammatory diseases, this disease is accompanied by pyrexia, which often commences with a rigor prior to any other symptom. Generally, however, some catarrhal symptoms precede the chill, and sometimes a deep-seated pain in the chest. In a large majority of cases, the fever is of a remittent type, and bears strong marks of malarial influence, as it is called.

All we wish to say of the fever, at present is, that it varies from a moderate degree of arterial excitement, scarcely discernable, to the most intense febrile excitement, and is nearly always periodical in its character, being generally much higher in the evening than the morning. Other cases bear typhoid marks from the onset. In the former, the pulse is full and strong, and generally not so frequent as in some other febrile forms of disease; in the latter, it is not so full and strong, but more frequent and wiry.

The tongue is generally coated, to a greater or a less degree, with a yellow or brown fur; the bowels constipated, the hepatic functions torpid, and in a word, the biliary derangements are very analogous to those of remittent fever. This is more especially the case with what was called by the older writers, bilious pleurisy; and by more recent ones, bilious pneumonia.

In this variety, in addition to the above phenomena, there is an icterus tinge in the conjunctiva, with sallow complexion, and pain in the hepatic region, and marks of an implication of the liver in the pathology of the case.

The *pain in the chest*, which, when present, is generally an early symptom, varies greatly in degree, being sometimes very intense, sometimes diffused and dull; frequently it is a deep-seated feeling of heat and weight, rather than pain. Most commonly it is deep-seated in the anterior parts of the chest, below the sternum or below the mamma, sometimes under the scapula. Acute pains are more common in either of the sides. Andral says there is never any acute pain without an extension of inflammation to the pleura (*Clinique Medicale*, tom ii, page 327). Laennec asserts, on the contrary, that there is frequently pain, and sometimes an acute point of sharp pain, when the pleura is not involved. (*De l'Auscultation Med.* tom i, p. 432.) Dr. C. J. B. Williams concurs with the latter (*Cyc. Prac. Med.* vol. iii, p. 590), and Dr. Watson with the former (*Prac. Med.* p. 566). This is a mooted question among practitioners, and one that we shall not attempt to settle. Nor is it of much importance when we consider the fact, that pleuritis is such a general complication, (See *Watson's Prac.* pp. 562–3), from which it would appear that pleuro-pulmonitis would be the correct nomenclature in a majority of cases.

Accelerated respiration, to a greater or less degree, always exists. The respirations in health range from 16 to 20 per minute; but in this disease they sometimes amount to from 30 to even 60—owing, on the one hand, to the fact that the lungs being engorged with blood, there is a greater demand for atmospheric oxygen, and on the other, the pathological condition of the lungs necessarily embarrasses their normal functions, so that the oxygenation of the blood is but imperfectly performed. Hence it is plain that the accelerated respiration is an effort of nature to counteract the abnormal vinosity of the blood. This symptom is generally in proportion to the extent and intensity of the disease.

Dyspnœa is sometimes very urgent, necessitating the patient to assume an erect or semi-erect position, and rendering it difficult for him to speak. It is increased usually with the extent of inflammation, and the consequent consolidation of the lung. It differs very much with different individuals, even with the same amount of local disease. An individual, *cæterus paribus*, with strong respiratory powers, will suffer less dyspnœa than one with weak. Dr. Watson says (*Prac. Med.* p. 567) inflammation of the upper lobe causes more dyspnœa than of the lower. Violent dyspnæa, with short and quick respiration, and a purple and livid color of the face, is indicative of great danger. (See *Wood's Prac. Med.* vol. ii, p. 9.)

This symptom is always aggravated by the pyrexia that usually attends the disease. Persons frequently breathe tolerably well during the partial febrile intermission that occurs in the morning, to be succeeded by distressing dyspnœa in the evening exacerbation.

The *cough* that attends it is generally of a dry, hacking character, for the first four days; sometimes it is more intense, and in some rare cases altogether absent. (See *Wood's Prac.* vol. ii, p. 9.)

The expectoration presents valuable diagnostic data. At first it is only mucus; but in a day or two, a viscid, semi-transparent matter is thrown up, which either is in the beginning or very soon afterward becomes stained with blood, to a greater or less degree, so as to present a reddish or rust colored aspect. It sometimes, however, presents a yellowish or greenish hue, which, as Dr. Watson has conclusively shown, is owing to the amount of sanguineous fluid it contains. These properties of the sputa become more striking as the disease progresses. The tenacity is so great, that the expectorated matter adheres to the vessel containing it. All authors are agreed that this rust-colored expectoration is the most characteristic general sign.

But it would be wholly superfluous for me to attempt a detailed description of the various abnormal phenomena which present themselves in the course of this disease; and with this imperfect glance, I shall proceed to give merely a glancing view of the *physical signs*. This has been cultivated to such perfection, that I can not hope to add any thing to the existing stock of knowledge under this head; nor should I say any thing on it if my article would be complete without it.

It is universally conceded that the first stage is simply engorgement or congestion (local hyperæmia), which may be of a very small spot, constituting *lobular pneumonia*; or it may be more diffused and extensive, constituting *common* or *lobar pneumonia*; or it may involve both lungs, constituting *double pneumonia*. (See *Wood's Prac. Med.* vol. ii, p. 3.) It is also stated by authors (though with what degree of propriety I am not prepared to say), that it sometimes involves chiefly the air-cells, constituting *vesicular pneumonia*, called by Rilliet and Barthez, vesicular bronchitis. At other times it is situated in the cellular tissue seated between the air-cells, or between the lobules, constituting *intervesicular* or *interlobular pneumonia*. (Ibid.) How the most gifted can diagnose with such nicety and precision, I can not tell. We think Watson (*Prac. Med.* p. 559) very justly remarks, that "in pneumonia *all the textures* composing the pulmonary substance in the part inflamed, are involved in the inflammatory process."

At the first invasion of the disease, the ear can only detect a slight modification of the healthy respiratory or vesicular murmur, so happily compared by auscultators to the gentle murmur or sighing of the zephyrs in the foliage of the trees, or the soft murmur of a pair of bellows, the valve of which does not click. (*Watson's Prac. Med.* p. 562.)

When the pathological phenomenon has advanced a little further, the ear, by means of the stethoscope, or applied directly to the chest, can detect, commingling with the healthy respiratory murmur, and finally succeeding or taking its place, a crepitating or crackling sound, more easily recognized by the ear than described on paper. It has been illustrated by authors by the multitudinous little crackling explosions made by salt when it is scattered over red-hot coals; by the noise produced by rumpling a piece of very fine parchment; by the crepitating sound produced by rubbing a lock of one's hair between the thumb and finger near the ear, etc., etc. (*Watson's Prac. Med.* p. 563); and which has been named by the French *crepitant rales*, and by the English *crepitant rhonchus*, and which I will venture to call *crepitating respiration*, or as Watson calls it, "the minute crepitation or crackling of pneumonia." Andral, and after him the majority of auscultators, explain this sound by attributing it to the accumulation of liquid in the minute air-cells, the air passing through which forms and explodes multitudinous little bubbles in rapid succession.

On the other hand, Dr. C. J. B. Williams (*Cyc. Prac. Med.* vol. iii, pp. 605–6) maintains that these rales are produced by the air passing through the minute bronchial ramifications, the calibers of which are lessened by the distended blood-vessels and interstitial effusion, and which are lined by the viscid matter expectorated, so as to be partially adhered, and hence ruptured by the introduction of air. Either explanation is philosophical, and we shall not attempt to settle the question. One point, however, is settled, *i. e.*, that these crepitant rales are diagnostic of the first or congestive stage of pneumonia.

Suffice it to remark, in addition to the foregoing, that as the disease advances, the crepitant rales become less and less distinct, until finally they are lost, unless the disease takes a favorable turn. Meanwhile percussion over the affected part, yields a dull, heavy sound; and additional labor being thrown on the healthy lung—if only one be involved—produces louder and more distinct respiration, technically called *puerile respiration*; a child's breathing being more distinct than an adult's.

Even the tyro in medicine will recognize the fact, that when the engorgement in the pulmonary tissue goes on to completion, forming what has been termed *hepatization*, as the lung is converted to the resemblance of the liver, that respiration in the parts being wholly suspended, no respiratory sound whatever can be recognized. All the respiration that can be detected, being performed in the larger branches of the bronchi; what authors have termed from this fact, *bronchial respiration*—a peculiar blowing sound, illustrated by the sound produced by blowing through a crow's quill—is all that could be expected. When this is the case, or when no respiratory sound whatever exists, we can safely infer that the disease has passed on from simple congestion to the *hepatization*, *red softening* or *ramollissiment rouge* of authors. *Bronchophony*, or a strong *resonance* of the voice—the vibrations of the voice being so much more readily transmitted to the ear through the condensed lung, than in health, and the peculiar, and increased vibrations of the chest when the patient speaks or coughs, discovered by placing the hand on the chest, are characteristic of this stage. (See *Wood's Prac. Med.* vol. ii, p. 12).

When a resolution of the disease is effected in this stage, the auscultating signs above mentioned, again occur, only in a reversed order. Faint crepitant rales may be now heard, and now they are more distinct, and then they gradually give place to healthy respiration.

Should the disease unfortunately go on to the third stage, denominated *purulent infiltration*, *gray hepatization*, *gray softening*, or *ramollissiment gris*, author's say there are no physical signs by which it can be determined. But never having had a case to pass into the third stage, we have no experience in the matter, and shall say nothing about its symptoms. Nor do we know anything about its terminating in an abscess in the lungs, outside of what we have learned from books. Hence, we here close what we have to say on the signs and symptoms of pneumonia.

As before stated, the main object of this article, is to offer some practical suggestions on the *treatment* of pneumonia; and we hope that none will be overwhelmed with astonishment at our temerity, when we both dissent from, and call in question, the propriety and philosophy of the orthodox and established treatment of this disease. In doing which, we propose bringing no new fact before the profession; but turning some of the *old facts* to practical use.

So far as my research has extended—which has not been extremely limited—into standard authority, blood-letting is both recommended and relied upon with a uniformity of sentiment existing among authors on few, if any other item in the wide range of therapeutics. I shall only make two or three specimen quotations:—"The great instruments to be employed in the treatment of inflammation of the lungs, are the same that have been so often recommended by me, in other inflammatory affections, before: blood-letting, tartarized antimony, and mercury. Of these, blood-letting is the chief. Both reason and experience attest the especial power of blood-letting upon acute pneumonia. In the first place it tends to restrain or extinguish the inflammation as inflammation. But in the next place, it has the effect of relieving the particular functions of the lungs. * * * The late Dr. Gregory of Edinburg was in the habit of saying in his lectures that, provided he was called early to a case of pneumonia, he would be contented to dispense with all other aids than those of a lancet and water-gruel (*Watson's Prac. Med.* p. 571).

"Pneumonia in its acute form may be called an exquisite type of inflammation; and it is more than most other inflammations; the proper object for those measures, which are called antiphlogistic, and of which blood-letting is the chief. * * * In inflammation of the mucous membranes, of the glands, of cutaneous and muscular tissues, fascia, and nerves, and in some cases of serous membranes, blood-letting is less effectual, and requires more limitation, than in the diseases which we are now considering." (*Dr. C. J. B. Williams, Cyc.*

Prac. Med. vol. iii. p. 620.) Let these two quotations serve as specimens of European teachings. I should, however, in justice say, that M. Louis, and some other distinguished French practitioners, have nobly opposed the heroic venesections, so highly recommended by the English.

Next notice what American teaching is on the subject. "In persons with vigorous constitutions, bleeding is the most effectual remedy. * * * This evacuation is called for, not only in reference to its direct effect in relieving inflammation, but also with a view of diminishing the labor of the lungs, and thus procuring rest for the diseased organ, so far as this is possible." *Wood's Prac. Med.* vol. ii. p. 22.) This is a fair sample of the teaching of American authors, and I shall not burden my page with further quotations. Indeed, every medical student knows that this is recommended with great unanimity.

As will be discovered from the above quotations, there are three objects to be accomplished by this agent:—1. The subdual of inflammation; 2. The reduction of the amount of the circulating fluid, and consequently; 3. To procure partial rest to the diseased organ. Now we maintain that none of these ends can be permanently secured by this means. Now, if we can so establish it, why, it must follow that this agent is not to be relied on in the treatment of this disease. "But, stop!" says one, "Dare you oppose the long phalanx of the deservedly distinguished that can be mustered against you?" I answer I am no less impudent; and if I have truth with me, that is of more consequence than the names of a thousand learned authors. Nor do I propose establishing my views by my own *ipse dixit*; but by well-established facts: facts, too, that have been mainly brought to light by the advocates of the lancet.

In approaching this subject, our first inquiry is, can blood-letting subdue or control inflammatory action? And notwithstanding the array of great names against me, I unhesitatingly answer in the negative.

To sustain my views, I shall not pour over the pages of musty lore to hunt up the opinions, fast growing obsolete, of an Æsculapius, a Sydenham, a Boerhaave, a Paracelsus, a Cullen, a Hunter, nor the rest; but, as before said, *facts* shall be our umpire.

And first of all in this great inquiry, what condition does blood-letting naturally tend to produce? What change does it effect in the living organism? Happily for us, the answer is at hand. We give the facts that have been collated by the deservedly distinguished Carpenter. (We quote from the fifth American, from the fourth enlarged London edition, *Principles Hum. Phys.* p. 178.) He says: "The effect of the loss of blood is very similar to that of abstinence. Almost as soon as the stream begins to flow from a wounded vessel, there seems to be a transudation of watery fluid from the tissues into the current of blood; for this undergoes a rapid diminution in density, so that the portion last drawn is of lower specific gravity, and contains a considerably smaller amount of solid matter, than that which first issued. This fact, which has long been known, has of late been more precisely determined by Drs. Zimmerman, Polli, and J. Davy. When blood has been repeatedly drawn, or has been lost by hemorrhage, that which remains is impoverished; but the reduction in its whole amount of solid matter here too lies rather in the diminution of the corpuscles, than in that of other constituents." This is shown by the following table of the results of MM. Becquerel and Rodier's analyses of the blood of ten patients, each of whom had been bled three times.

	VENESECTIONS.		
	First.	Second.	Third.
Specific gravity of defibrinated blood,	1056.0	1053.0	1049.6
Do. of serum,	1028.8	1026.3	1025.6

Which shows a diminution of the specific gravity of both the blood and serum, at each consecutive bleeding. Next notice its effects upon the constituents of the blood

	VENESECTIONS.		
	First.	Second.	Third.
Water,	793.0	807.7	833.1
Solid residue,	207.0	192.3	176.9
Fibrin,	3.5	3.8	3.4
Corpuscles,	129.2	116.3	99.2
Albumen,	65.0	63.7	64.6

It will be discovered by scanning this table, that the percentage of water increased with each bleeding, so as to amount to 833.1 on the third, instead of 793.0 on the first; and on the other hand, that the solid residue decreased in the same ratio, *i. e.*, from 207.0 to 176.9, and of this diminution the only ingredient that is materially affected is the red corpuscles, which fell from 129.2 to 99.2, while the fibrin is scarcely impressed at all, as the slight variations may have depended on other causes besides the venesections. The author continues with great propriety—"Hence it is obvious that the especial effect of bleeding is to lower the proportion of red corpuscles, and that it has no power of effecting a diminution of the amount of fibrin. We shall find, indeed, that in inflammatory diseases the amount of fibrin undergoes an extraordinary increase, which is not checked in the slightest appreciable degree by the most copious venesection."

We could give many other experiments, but as it would be substantially repeating the above, it would be an unnecessary waste of time. One fact clearly adduced is worth more than ten thousand theories, or the opinions of that many men, and what is the fact here most clearly adduced? Why, that bleeding wages a war upon the red corpuscles, never failing to diminish their amount, and consequently it destroys the proper equilibrium of the circulating fluid. Shall I say that, in changing the proportions of the blood, and rendering it less solid and more fluid than nature's God made it, it necessarily brings about an abnormal condition in the vital fluid? This fact is as clear as demonstration itself.

Having seen what changes bleeding necessarily produces in the blood—and, of course, all its effects over the system at large are through the blood—our next inquiry is, is that condition incompatible with inflammation? or can it subdue inflammation previously existing?—which questions simply resolve themselves into this: Is the natural condition of the blood, the condition in which nature's God gave it to us, less subservient to the purposes of life and well-being, than an unnatural condition brought about by the intermeddling of art? If so, this is one instance in which all God's works are not "very good." To deny that the natural condition of the blood best tends to the maintenance of health, or recuperation from disease, is to make an unwarrantable impeachment on either the wisdom or goodness of the Creator.

The great inquiry before us next leads us to notice the physiological functions of the red corpuscles. Is that the inflammatory element of the blood? Is a hypo-corpuscular condition of the blood incompatible with inflammation? Are anæmic persons less liable to inflammatory diseases, and when inflammation exists in them, do they recuperate with more facility than plethoric persons? "To the law and the testimony," and it will appear that the negative is true in every case. And first of all, what purpose do they subserve in the animal economy? Let the distinguished Carpenter tell us. In his *Prin. Hum. Phys.* p. 161, after giving a critical analysis of this ingredient, which may be seen on the same page, he says: "These facts seem to suggest a very important office for the red corpuscles, which is in harmony with all we know of the ratio which their amount in different animals and in different individuals of the human species, bears to the development of nervo-muscular power; namely, that they are especially concerned in preparing the pabulum for the nervous and muscular tissues." * * * "The red corpuscles appear to have a remarkable power of absorbing certain gases; for it has been found by Van Mack and Scherer, that a solution of hæmatin possesses a considerable power of attracting oxygen—the latter of these chemists having also ascertained, that after the absorption of oxygen there is a slight development of carbonic gas; whilst it has been proved by the experiments of Davy, Nasse, Scherer, Magnus, and Lehman (see *Op. Cit.* band. ii, p. 180), that the capacity of defibrinated blood (*i. e.* of serum and corpuscles) for absorbing oxygen and carbonic acid is much greater than that of serum alone."

This is a pretty fair statement of the functions of this important ingredient of the blood, which may be stated briefly: 1st, the preparation of a *pabulum* for the nervous and muscular tissues; and 2d, the absorption of gases, especially oxygen from the atmosphere, that it may supply the system with this vital element, and carbonic acid gas from the disintegration of the tissues, that it may free the system from this destroying element. To which I venture to add, that they are one of the means of supplying the system at large with vital electricity. Now, let me ask, in the name of common sense, what has this to do with either the production or maintenance of inflammation? Are the nervous and muscular systems the seat of inflammation? or is it not the vascular? Who does not know the prostrating effects of blood-letting on the muscular system? and does that—can that—increase the recuperative powers of the system? And will not any thing that lowers the recuperative powers of the system, protract the existence of inflammation where it exists? Does not common sense answer affirmatively? And who does not know the tremendous effects of the loss of blood on the nervous system? Who has not seen the peculiar nervousness produced by the loss of blood, that exists in chlorotic females? Who ever saw an animal bled to death that did not die in convulsions? Now, can much blood be lost without lowering the tone of both muscular and nervous systems? Certainly not; and is that condition compatible with good health? And how does it happen that a condition incompatible with good health, is the best condition to overcome disease, and lead to good health? Let some bold *Paracelsus* answer these questions, if he can.

While I am here, let me ask how lowering the corpuscles is the remedy for dyspnœa in pneumonia, which is produced by excess of carbonic gas, and deficiency of oxygen, when they are the main means of supplying the system with the one, and ridding it of the other?

The following deductions may be safely drawn from the above: The red corpuscles are *physiological*, and not *pathological*; and hence any instrumentality that has a tendency to reduce them below par is a direct invasion upon the constitutional stamina, and consequently upon good health. Copious depletion, then, must necessarily lower the measure of vitality, and thus render the system less able to resist the influence of, or recuperate from disease.

In showing the physiological functions of the red corpuscles, the ingredient invariably reduced in depletion, we have sufficiently answered the foregoing questions; and yet the subject is so vastly momentous, and such a superabundance of proof is on our side, that we must be indulged in pursuing the theme a little further. The well-known fact that inflammation, if it exert any influence at all on the red corpuscles, is rather of a lowering than an augmenting character, speaks volumes on this important inquiry.

But, in addition to this, let us consider the fact, that the most aggravated cases of anæmia are not exempt from inflammation. This fact is evidently established by the researches of Carpenter and others. In addition to what we have already seen, on page 188, he says: "The full amount of fibrin in the blood of chlorotic patients" (the best examples of anæmia) "seems to account for the unfrequency of hemorrhage in them; whilst it also leads us to perceive that they may be equally with others, the subjects of acute inflammation, which we know to be the fact."

With a few remarks on one other point, we close this branch of our argument; and that is, that the *fibrin* is the inflammatory element in the blood, and that it cannot be controlled in the least by venesection. That it is the inflammatory element in the blood we scarcely need prove; yet we will give a few authorities. "The most important fact substantiated by Andral, is one that had been previously suspected—the invariable increase in the quantity of fibrin, during acute inflammatory affections; the increase being strictly proportionate to the intensity of the inflammation." (*Carpenter's Prin. Hum. Phys.* p. 185.) "An excess of fibrin, and of the colorless" (not the red) "globules (hyperplasma or hyperinosis) exists in all true inflammatory diseases." (*Williams' Prin. Med.* fourth American edition, p. 131.) But I need not multiply authorities on this fact, as it is universally admitted by pathologists.

Having settled the fact that *fibrin* is the inflammatory element of the blood, we shall now show that blood-letting exerts no influence over it. This is most conclusively proved by the foregoing table, showing the results of the experiments of MM. Becquerel and Rodier, where the fibrin was not sensibly impressed by three consecutive bleedings, and which warranted Carpenter in asserting positively, "we shall find indeed, that in inflammatory diseases, the amount of fibrin undergoes an extraordinary increase, which is *not checked in the slightest degree* by the most copious venesections." The experiments of Andral show the same thing, and so of all the other experiments that have been made. Indeed, it would seem that this is one of the clearest facts on the pages of physiological and pathological investigations. To which I simply add, that in cases of extreme anæmia—a condition analogous to that brought about by copious bleeding or hemorrhages—fibrin has been known to rise as high as seven or eight portions in a thousand, whereas about 2.5 is the ordinary amount in good health; and even in the advanced stages of phthisis, when the blood is very greatly impoverished, owing to the local inflammation springing up around the disorganizing tubercular masses, the fibrin has risen high above the standard of health. (*Car. Prin. Hum. Phys.* pp. 185-6.)

Now, let me ask in all candor, in view of all these facts, is it not preposterous to talk of controlling inflammation by blood-letting? To make blood-letting a rational means of overcoming inflammation, it should be made appear that the diseased condition originates in excess of the vital fluid, or that it is in some quality of the blood which blood-letting will overcome. Now will any one say that, as a general thing, excess of blood is the cause? Certainly not. The man has no more blood to-day than yesterday. Yesterday he was in good health; now he is laboring under acute inflammation. Is it the amount of blood he has to-day that caused the inflammation? If so, why was he not so yesterday? But this will not be contended for. Then, in the name of all that is reasonable, why open a vein to let out the superfluity of blood that his inflammation may subside? No, but this is not the case. What then? Is it true, as I have heard some knowing matrons suggest, that he should be bled *"to take out the bad blood?"* We have before seen that the *quality* of the blood on which it depends, cannot be overcome by the lancet. But then it depends on the loss of the *equilibrium* in the circulating fluid! Very true. Then direct your means to the overcoming of that derangement; but let your lancet rest, unless it is true that it is the best means of restoring the proper equilibrium to the circulation. And is this so? Certainly not.

Let us illustrate the subject by the disease under consideration. In pneumonia, as in other inflammations, the first stage is one of engorgement or congestion, and consequently *local*, not general hyperæmia. Now what is the condition of the engorged capillaries? Obviously one of debility. Whether the debility is the direct result of the depressing agent that produced the disease, or whether it is consequent upon an over-excitement of the parts by a local irritant first applied to the lungs, is a matter of no consequence in this inquiry. The fact is the same. The present engorged condition is owing to a loss of elasticity—to debility in the parietes of the capillaries. Hence their dilated condition. All facts go to sustain this view. (See *Gross' Path. Anat.* p. 40; *Williams' Prin. Med.* p. 173; *Watson's Prac. Med.* pp. 46–7, and indeed almost every other respectable writer on congestion.) Now, in all honesty, in view of the facts before adduced, will not blood-letting produce debility? and is it a fact that the best means of overcoming such debility is to use debilitating means? Is this the genius of medical philosophy? If so, save the mark! But you say you will overcome the congestion by diminishing the amount of blood. It will be sufficient at present, as we shall have this point under consideration anon, to deny the premises.

But will the changes produced by the loss of blood facilitate or retard the relief of the engorged vessels? The question simply resolves itself into this: Is an abnormally fluid blood better adapted to circulation through the capillaries than the natural blood? Will not even every tyro in hydrostatics answer no? "Thus the experiments of Poissenille show that a certain degree of viscidity is favorable to the motion of liquids through capillary tubes; a thin solution of sugar or gum being found to traverse them more readily than pure water will do." (*Car. Prin. Hum. Phys.* pp. 191–2.) And will not an increase of the fluidity of the blood retard its circulation? The same author continues:—"Hence, any serious alteration in the proportion of the organic and saline compounds dissolved in the liquor sanguinis, and especially in that of the fibrin, (on which the viscidity of the blood chiefly depends,) might be expected to produce obstruction in the capillary circulation, and to favor transudation of the fluid portions of the blood." Our author here makes reference to the well known experiments of Magendie, where, in many instances, he produced congestion of the lungs and death by copious and repeated bleedings. Now, these facts show most conclusively, that the condition of the blood produced by blood-letting, renders it less adapted to the capillary circulation, and more liable to percolate through the capillaries, so as to produce serous effusions. This is more especially true in the parenchymatous tissues.

Now does it not appear, in whatever light we view it, that this agent is unphilosophical and absurd? and have we not treated the subject fairly? Our facts have been gathered from the leading men in the profession, and our deductions are legitimate, in our humble judgment. So we dismiss this branch of our inquiry, having shown that blood-letting cannot be relied on to subdue inflammation.

Upon our next inquiry, does blood-letting diminish the amount of the circulating fluid? we need not detain much time. That it does for a very short time is granted; but that it is only for a very short time, is a well-attested fact. No fact in physiology is more clearly attested than the blood-vessels will be filled to repletion. A vacuum, to any extent, will not be tolerated for a moment. Open a vein and let the vital fluid escape, and the lymphatic system, and other absorbent vessels are at once taxed to make up the deficiency in lymph; hence the fact that the blood last drawn is more fluid than the first.

"When the vessels are becoming emptied of blood, a transudation of fluid takes place in them from the surrounding tissues, as is evidenced by the diminution in the specific gravity, and in the increase in the proportion of water, which are apparent when even the first and last parts of the blood drawn at an ordinary venesection are compared; so that if the hemorrhage be going on for some hours, a much larger quantity of fluid may be poured forth from those vessels than was ever contained in them at any one time" (*Car. Prin. Hum. Phys.* p. 155.)

Let this settle the question. It is clear that the idea of bleeding in pneumonia, to lessen the amount of blood, is futile. The advantage from this source—if, indeed, there be any—is only momentary. It does not rout the enemy. It only buys a momentary truce, and pays dearly, too dearly for it. We have already seen that the existing engorgement is kept up by debility of the capillaries, and that bleeding can only add to that debility, and that the changes it produces in the blood render it less adapted to circulation through the capillaries, and the more likely to serous effusions. Then tell me not of the truce you purchased at so dear a cost. I want no such advantage (?) over the enemy.

But the third object is, "to lessen the labor of the lungs!" And how? To debilitate them more and more, so as to retard their work as much as possible! By engorging them with hyper-serous blood, which cannot traverse the narrow capillary channels with half the ease that it could in its normal condition! By so changing the blood that a greater serous infiltration is inevitable! Philosophy with a vengeance! What a great pity that the Creator, in viewing the progress of this "fast age," has not kept up with the times, but still clings to his "old fogy" notions of supplying the system with viscid blood, and thereby imposes so much unnecessary labor on this delicate organ!

But in what does the labor of the lungs consist? Mainly in freeing the system of an excess of carbon, and furnishing it with a supply of oxygen. Now, we have already shown that bleeding, in reducing the amount of red corpuscles—the main means through which the lungs perform this function—necessarily retards the work. Then away goes this pretext for bleeding.

Dr. Watson offers yet another reason why the lancet should be freely used—"to prevent the effusion of lymph," as it is erroneously called, meaning fibrin. How this great man could have made such a blunder is astonishing to me. Where is the great danger? from plastic or from serous infiltration? From the latter, beyond all doubt. In this I am sustained by every autopsy of a hepatized lung. But grant that the plastic deposition is most to be dreaded, and what have I lost? It has been already abundantly shown, that blood-letting cannot control the plastic element of the blood; but it disproportions it with the other solid ingredients, and hence would rather tend to enhance than diminish the danger dreaded. So, take whatever view you may, I see no use for the lancet.

Let me say once more, the God of nature, in giving the blood, constituted it after the best possible manner, to subserve the purposes of life and well-being; and as you cannot bleed to any great extent without changing its natural proportions, meddle not with it! Let the precious dew drops of life alone! Nor does the evil stop here. In destroying the normal constituency of the blood, you inflict an injury not to be repaired in a day. The red corpuscles cannot be replaced at once. The absorbents of the stomach, bowels, and system at large, can, in a very short time, restore the serous portions of the blood, but not so the red corpuscles; they are only restored by a complicated and vital process; and whether we regard them as elaborated immediately from the lymph and chyle corpuscles, or from the colorless corpuscles as an intermediate link in the chain of development, or yet, from some undiscovered source, their restoration is not the work of a day. Then spare them, lest you entail on your patients permanent debility, stubborn anæmia, dropsical effusions, or some other long life of derangement.

But, you will say, will you allow the engorged lungs no mechanical relief? Certainly: and as the sequel will show, equally as effectual, and far more rational than the lancet. But you will tell me of the wonderful relief you have given this and the other patient, laboring under a violent dyspnœa, by a copious venesection.

Granted that you did: and yet we will show in the sequel that it was not the only, nor yet, the best means to secure the same ends. Again you may tell me of cases that you have found suffering almost beyond the point of endurance, and you bled them, and gave them some medicine, and they were easy at once, and hasted to recovery. All that may be true; yet other means, on the one hand, would have done the same, and on the other, as shown by Andral, Watson and others, the excruciating pain indicated simply pleuritis, and the speedy recovery showed that there was no serious pulmonary lesion in the case. But my article would be incomplete, if I were to fail to mention the test to which this remedy was subjected by Dr. Deitl. He treated 300 cases of pneumonia; 85 by blood-letting, 106 by large doses of tartar emetic, and 189 by diet and rest alone. Of those treated by blood-letting, 20.4 per cent died; of those by tartar emetic, 20.7 per cent died; while of those by diet and rest alone, 7.4 per cent died; showing a mortality almost three times as great amongst those treated by bleeding, as amongst those treated by diet and rest alone. The medium of convalescence in the cases treated by blood-letting, was 28.9 days; in those by tartar emetic 20.3 days; and in those by diet and rest, 19.7 days; which shows that the medium convalescence in the cases treated by blood-letting, was 9.2 days longer than those treated by diet and rest alone.

The medium duration of the disease in those treated by blood-letting was 35 days; in those treated by tartar emetic, 28.9 days; and in those by diet and rest, 28 days. Showing that the medium duration in the cases treated by depletion was 7 days longer than those treated by hygiene. 353 cases, mere cases of single pneumonia: of these 75 were bled, and 13 died; making 17.4 per cent. 100 cases were treated by tartar emetic, and 21 died; making 21 per cent. 178 were treated by diet and rest alone, and 12 died; making 5.1 per cent. Showing a mortality in those treated by bleeding, a little over five times as large as those treated only by regimen.

We give but an abbreviated statement. Those who desire, can find the report at large in *Eclec. Prac. Med.* by Newton and Powel, p. 745. I have only quoted enough to show that so far as this goes—and facts are stubborn things—the depleting system in whatever phase you may view it, is worse than no medical treatment at all, as the expectant plan succeeds far better. Truly, while pneumonia "has slain its thousands," the lancet "has slain its tens of thousands!" The importance of the subject is the only apology we offer for the length of our strictures on depletion. And now, with a few brief remarks on our own *treatment*, we shall conclude. We have before mentioned the fact, that the bowels are generally in a constipated condition, and the hepatic functions deranged. This forms an early indication in the treatment of this disease.

When we effect that, the liver acts in concert with the lungs, in freeing the system of its superabundance of carbon: the former by secretion, the latter by combustion; and that a torpid condition of the bowels, necessarily adds to the excitement in the lungs, we see that a free cholagogue cathartic is indicated at once. All the carbon that is secreted by the liver in the form of bile diminishes the labor of the lungs that much, and a free evacuation of the bowels relieves the lungs by its revulsive, as well as by its depurating influence. For this purpose, the following pill will be found excellent—

℞ Podophyllin grs. iv.
Leptandrin " viij,
Sanguinarin " vj,
Sul. Morph. " ij,
Ext. valerian q. s. M.
Ft. pil. viij.

One of which may be given every four or five hours till free catharsis is produced. But some will naturally think that nothing but mercury will do. To such I would say, *try* the above pill, or preparations of a similar character. After free bilious catharsis is produced, it is generally quite enough to keep the bowels soluble by some mild aperient. The most of cases would be benefited by effectual emesis produced by the administration of lobelia and ipecacuanha, previous to the above cathartic. The indications are two-fold. 1, to assist in equalizing the circulation, and 2, to relieve the loaded bronchii of acc mulated secretions. In a majority of cases, this should by all means be resorted to. We regard tartarized antimony as too irritating, as well as too depressing, to be admissible.

But beyond all doubt, in a majority of cases, quinine is the sheet anchor. Evidently the disease is only congestive, in its early stages, which is aggravated each day by the febrile exacerbation, with which it is connected. And in a majority of cases, when this is overcome, the pneumonia is easily conducted to a speedy, and safe convalescence. This would suggest the early use of quinine. Nor should it be administered with a sparing hand. We are opposed to the administration of the article in broken doses in any case of periodic fever. And if trial in hundreds of cases affords sufficient data to form conclusions upon, we are abundantly warranted in saying, that by far the better plan is to give a sufficiency at once. Indeed, we see no other philosophical way to administer the article. But it is especially necessary in this form of disease. The dose will depend on circumstances. From 15 to 20 grs. combined with 10 grs. of Dover's powders, administered at once during the febrile remission, the first day after the case comes under treatment, will seldom disappoint onr expectations. I have seen its good effects too often to doubt the propriety of this method. In a majority of cases, it arrests the periodic fever at once; acts as a sedative, and promotes copious perspiration; and hence cannot fail in modifying the congestion of the lungs. Should any one be fearful of too powerful an effect upon the nervous system from this heroic administration, let him simply substitute the ferrocyanate of quinine, for the sulphate, and he need fear no danger.

Expectorants are always indicated, and those that are sedative in their effects should always be used. In the wide range of materia medica, we think that none is equal to veratrum viride, say from four to six or eight drops of tr. verat. virid. every three or four hours, or what is perhaps better, its equivalent of veratrin. This exerts a specific influence over the action of the heart, as well as on the bronchial secretions; and we are not in the habit of using anything else as our expectorant in this form of disease.

This should be used, modifying the dose according to circumstances, as long as there is any indications for expectorants. Scarification and cups should be used freely when there is evidence of great pulmonary engorgement. I have also used with the happiest results, a bandage round the chest, folded several times double, wrung out of cold water, and enveloped in a dry napkin to prevent evaporation. This in a short time, promotes fine perspiration around the chest, and greatly relieves the loaded thoracic viscera.

In the most distressing cases, when the lungs are overwhelmed with congestion, they need mechanical relief, and must have it; not by opening a vein, and drawing from thence the pabulum of life; but what is far better, by hæmastasis, or by ligaturing the extremities, and thereby confining the blood in them. It is thus under our command. We can turn it loose when necessary, and stay it when we please; and that without prostrating the vital energies, or changing the normal constituency of the blood.

This brief and simple treatment has been uniformly successful in our own hands, and we feel no hesitancy in saying to others "go thou, and do likewise."

Should the disease pass on to the third stage, extensive blistering may be necessary; and the free—I had almost said extravagant use of carbonate of ammonia is highly indicated. Should the periodic fever subside—which is generally the case—I see no other use for quinine.

In typhoid cases, the proper treatment of typhoid fever—a subject which I have not time to discuss here—should be superadded to the attention due the lungs. In which cases turpentine, carbonate of ammonia, and veratrum are the main reliance.

Three Creeks Ark., May, 1857.

PEMPHIGUS.

BY W. M. NAUDAIN, M. D.

"A fever attended by successive eruptions of vesicles about the size of almonds, which are filled with a yellowish serum, and in three or four days subside. The fever may be either synocha or typhus." Generally the sequence to measles.

During the past winter and spring I had over one hundred cases of measles on the Estill plantation, a few miles above this city, which were all conducted to a healthful termination, excepting one child of only a few months of age, and its loss was alone attributable to the carelessness of its mother in permitting its exposure to the cool night air, while the eruption was determining to the surface.

Modern authors say that this is sometimes an acute and sometimes a chronic affection, and that the former is attended with fever, while the latter is not, and that acrimonious or contagious matter is thrown out by the cutaneous exhalent arteries. The disease was so rare when Cullen wrote, that he had never seen but one case, and that was reported by Dr. David Stewart, in the Edinburgh Medical Commentaries. Since that time, it has been noted by many writers, and differing as to its cause and origin. Having never seen the true pemphigus only as the sequence to the measles, the writer is inclined to the belief, that it never occurs only as the sequalæ to that eruption, from many reasons, so obvious to the medical reader, that a recapitulation is deemed needless. There are some eruptions so similar at first appearance, that a casual observer might, no doubt, be inclined to mistake them for the true pemphigus; but were he to investigate its origin a moment, I think the illusion would be dispelled. Authors say that it is chronic; I do not think so, or at least I have never met with a case as yet, and that goes further to confirm my opinion, it is only a sequence to a previous disease. The pustules are undoubtedly filled with a yellowish serum, but as to its contagion, I do very much doubt.

On the plantation previously mentioned there were eight or ten cases. Their symptoms and treatment were alike, as was also their convalescence. They also correspond with noticed cases both before and since; so much so that I am convinced that this disease has been frequently confounded with other eruptions of a more serious character, that require more energetic and decided treatment. I am further inclined to this opinion, from the fact that both European and American authors have divided it into simplex and complicatus; the latter I presume to be the contagious kind spoken of sometimes by physicians, differing as widely perhaps from pemphigus, as from variolus, and much more likely to be a simplification or modification of the latter than the former. It is too much the plan of certain classes of practitioners, to treat whole orders and classes of diseases with the same formula, and when this is done, it is evident that the diagnosis has been incomplete or erroneous, and patients are thus frequently dosed through ignorance or a base motive—no matter which, the practitioner is equally culpable.

In every case of pemphigus there is fever, but slight; sickness of stomach, more or less; headache, lassitude and weariness, with pulse varying from 90 to 120; tongue in some instances furred slightly. In from two to four days the pustules begin to appear on the thighs and belly, gradually extending over the whole cutaneous surface, enlarging daily until about the sixth day, when they either suppurate or become abraded. Those that suppurate show that they have been filled with a thin, yellowish serum, in odor resembling the fetid smell of patients while having the measles.

No other treatment is required than mild aperients and diaphoretics. Convalescence usually follows in from six to eight days, and unlike those who recover from the measles, one may say, that "when they are well they are well" in fact, leaving no lassitude or debility to harrass the patient for weeks, and sometimes months.

Upon the whole, then, I conclude that pemphigus is nothing more than the dregs of measles; that the system has been too weak and feeble to throw off through the exhalents all the morbific poison, and that a second effort of nature is made to rid herself of it, which, in this instance, is effectual. Of course, where the system may contain a complication of diseases, the sequence of the disease will be more or less complicated, but that does not alter the case, as the same treatment will be as applicable here as in the former, only pushed to a greater extent.

New Orleans, May, 1857.

VALEDICTORY ADDRESS.

DELIVERED BY J. M. FRAIM, M. D., OF THE GRADUATING CLASS OF THE ECLECTIC MEDICAL INSTITUTE.--MAY 12, 1857.

Ladies and Gentlemen:—As the custom has become conventional, that one of the members of the graduating class shall address the class on the termination of each session, and as I have had the honor of being chosen to that responsible and trying station, I shall fulfill the duty to the best of my ability. But, unlike too many of my predecessors, in this and similar schools, I shall occupy your time but briefly.

In addressing myself, gentlemen, to those who have associated so intimately with me for the last eight months, it is natural that I should revert to the scenes that we have passed through, and to the amount of work that we have done, in order to capacitate us, for the responsible duties of physicians. Perhaps among all professions, there is not one which calls for such an amount, and such varied reading and study, as that of a physician. The provisions of the charter of this institution require that each applicant for graduation shall pass through an initiatory study of three years; which, supposing that he reads only ten pages a day, will, at the close of that time, furnish him with over ten thousand pages of reading matter upon the choicest medical literature of the day.

Having then performed his novitiate, he is prepared to enter the halls of the medical college, where, for the two sessions of four months each, he listens to over 1600 lectures, upon various subjects of medical science, by eight professors, who are acknowledged to have few superiors in this country, in regard to the special subject upon which they discourse.

During this time he also undergoes the most rigid drilling in the dissecting rooms, where, under the especial supervision of an efficient demonstrator, he consumes three hundred and eighty-four hours in practical examinations upon the various organs and structures of the body, and their locations.

During the time of these two sessions he has the privilege, (in fact, it is obligatory upon him) to attend the lectures and operations at the Clinical Institute, where he witnesses a great number and variety of surgical operations, and sees all of the various forms of disease, which are incidental to the Western and Southern States. Here he sees them treated, and scrutinizes carefully the actions of the appropriate remedies upon the diseased system, and notes the changes which these remedies exert in their mysterious influence in the body, from disease to health, through its gradual phases of convalescence.

Having undergone this mental and practical drill, the student does not escape the fearful ordeal of the green room; where, beneath the scrutiny of these eight professors, he is subjected to a rigid examination, and where a single indication of previous inattention, indolence, or of ignorance, will submit him to the humiliating necessity of attending still another session of lectures ere he can meet their approval, and hope to get his diploma. Thus, you see, gentlemen, that the labors of the medical student are such, that were he really cognizant of their extent before commencing his studies, they would appall him, and discourage him from their pursuit. But the triumph, when the student shall have emerged from the halls of his alma, is a full recompense for the long years of previous study and labor; and it is a triumph too, which is as glorious as it is well merited; for it is really a source of intense congratulation and pride to us, to feel that after years of hard toil, and rigid mental discipline, we have, by true industry and, force of character, at length won our position into the time-honored ranks of the medical profession; and that we will henceforth be acknowledged as its members by mankind, whithersoever we go. Such a pride is certainly pardonable, and should be emulated by those who come after us, for its inception into the human heart, is indicative of the true mental progress, which is the distinguishing feature of this enlightened age.

But although we have gone through such a long and arduous ordeal, and have finally received the legal record of our capacity to practice medicine among the people; still, it is acknowledged by our preceptors, that we have but entered the threshhold to the great temple of medical science; years of toil are yet before us; ay, a lifetime of toil! for so interminable are the halls of this mighty temple, that the lengthiest life consumed within its portals, will not suffice for a knowledge of its gorgeous interior. The physician's studentship is never terminated, but each year added to his toil, only reveals the illimitability of knowledge lying beyond.

But, gentlemen, we receive our daily reward, irrespective of that which is pecuniary; for what can be more acceptable to the well organized mind, than to observe the cheerful and hopeful smiles of the patient, as he gratefully, although silently acknowledges our potent power in the return of robust health.

This is frequently the only reward that the physician receives, and to the well organized mind, it should be an acceptable one; for nothing should be more cheerfully acknowledged than the incense offering of a sincere and grateful heart.

But a few days, gentlemen, will elapse, when we shall all part, perhaps to meet no more on this earth.

For eight months we have toiled side by side, cheering and encouraging each other onward to our present success; and like true brothers, rejoicing in each other's progress.

But while we rejoice in the progress and success of those who are yet among us, we should not fail to deeply mourn over the loss of one of our ranks, who has been called to an untimely grave. We all recrecollect him well, for there never beat a nobler and warmer heart, than that of our lately deceased brother, Samuel W. Hughes. He joined us two sessions ago, like us, flushed with hope and with a heart light and buoyant in the pleasing anticipation of joining his parents and friends, and bearing with him the honors of this institution. Gentlemen, he had won them; he studied out his allotted time; he bore the test of examination a number of times; and after he had won the prize, and was about to obtain it, he was called hence by One whose purposes are wise and just, though inscrutible. Brothers, in Samuel W. Hughes we have lost a companion whose heart was as noble and just, as it was cheerful and buoyant in its nature. We deeply feel the void his death has created, and we feel that had he lived he would have ripened into a muturity, which would have been an honor to this institution.

Perhaps the students of no former session have studied together with more unanimity and good feeling than those of this present class. No ill feelings have arisen to mar the harmony of our session, but, taking the spirit of kindness from our preceptors, we have gone on from day to day in uninterrupted happiness. As we have earned and received from our professors, the proud title of the studious class, let us continue to merit it in the future. Let us, by our zeal for the cause of Eclecticism, by our firm support of its principles, and by the indefatigability with which we will apply them to the relief of the sick, prove to our learned professors, that they have not given us that title in vain, but that, as practicing physicians, we will still continue to merit the proud title of the studious class.

Let us not only prove to those who have taught us, but to the world, that the principles of Eclecticism, when rightly understood and thoroughly practiced, are superior to those of Allopathy in the cure of disease. Let us go forth, not with the purpose of following a blind system of practice, scarcely modified since the time of Galen, but as advocates of a system built upon the foundation of experience and science, and guided by those precepts which wisdom and humanity have dictated.

While Allopathy marches forth to slay and to torture with her poisons, let us, like good Samaritans, follow in her wake, and with magneto-voltaic batteries, remove the mischief she is daily perpetrating. If Allopathy has forced upon the world her thousands, who fill the people with poisons, a beneficent Providence has provided a Sanders, who has discovered the wondrous secret of withdrawing those poisons, and thus neutralizing their mischief.

Therefore, armed with our voltaic batteries, let us go forth into the world, not only prepared to cure disease, by a rational and humane practice, but prepared to subvert the mischief Allopathy is doing.

In these halls we have not only been taught the principles of Eclecticism, but we have also been taught those of Allopathy, and therefore we are prepared to judge between the two modes of practice.

In the former we have witnessed the results of a practice guided by a spirit of humanity, and by the profoundest wisdom. Its superstructure was reared by men who, having divested themselves of all prejudices and erroneous notions, labored for years at the bedside, in order to study the various phases disease takes, and the appropriate remedies for their alleviation. Having had the force of character to unlearn, they then, at a ripe age, re-commenced their studies, and being capacitated by nature for these investigations, they began that impregnable superstructure, which the brightest intellects have been building upon ever since; and thus this gorgeous American temple will continue to rise, until its towers will entirely overshadow the already crumbling ones of Allopathy.

In the latter mode of practice we have learned that the most poisonous and incompatible drugs have been administered for the purpose of destroying a dreadful phantom which they denominate *fever*, and which they regard not as the renewed efforts of nature to throw off diseased action, but as a formidable malady which must be quickly subdued, as it is a cause, and not an effect.

By placing the two systems close together, and scrutinizing them rigidly, we perceive the great dissimilarity between them. We find that the professors of the Allopathic colleges have great cause to hedge their students around with their circumscribed diplomas, lest they should progress into the ranks of Eclecticism. And a simple review of the two systems of medicine, will quickly teach the discerning student wherefore these funny, although disgraceful diplomas originated.

Before closing, I feel that, as the representative of the graduating class of this session, I must return our sincere thanks to our learned preceptors for the able manner in which they have labored in our behalf. For the greater part of a year, we have listened to your daily lectures, gentlemen, fraught with the axioms of the profoundest practical wisdom. For sixteen hundred hours we have set in this hall, and from the lips of eight experienced and well-read men in their profession, we have drawn lessons of medical lore, which could not have been derived from any other college in this country. Uninterrupted by the querulousness of incompetent members, this faculty has continued its daily teachings with a harmony and unanimity of purpose, which have communicated themselves to the students. Not for several years has this college witnessed such a cheering spectacle, and the class, I can assert, has felt the great good resulting from the spirit of harmony which exists amongst its professors. With nothing external to excite us, and to divert our attention from our studies, we have progressed with a rapidity which, under other circumstances, we could not have expected nor attained. We look forward to the future in the firm anticipation that the Eclectic Medical Institute of Cincinnati, has just begun its career of glory and triumph, and of its usefulness. With a faculty governed by a unanimity and harmony of purpose, which respect for each other's learning has inspired and will maintain, we feel the firm conviction and assurance, that the glory of this institution is now just dawning. The trying incidents of the past, we feel assured, will add only luster to the future; for experience is the best of teachers, and it has taught us, fellow students, that a superficial man may possess at least one fearful faculty—that of sowing the seeds of discord among those who are far his superiors.

Honored Professors: In the name of the graduating class of the Spring session of 1857, I present you their sincere and heartfelt thanks for the two excellent courses of lectures you have given us. We feel assured, from communication with the students and licentiates of several of the principal Allopathic schools, that you have given us a course of lectures which have not been excelled by any other faculty in this country.

We hope, therefore, through the knowledge you have communicated to us, and through the encouragement your encomiums have inspired us with, to go forth among the people ready to do battle in defence of the great cause of Eclecticism, and to prove to those people, by our percentage of cures, that we are no unworthy disciples of this institution.

In conclusion, I again present you the thanks of this class, together with their sincere prayer, that your lives may be spared for many long years to come, and that you may continue to fill the station which you now occupy, as the most distinguished teachers of Eclectic medicine.

DYSPEPSIA.

BY J. N. BETTES, M. D.

Dyspepsia is a very common disease, and seems to have increased very much in modern times, and is also a very difficult disease to treat. It is characterized by derangement of the digestive functions, the cause of which appears to be a vitiated quality of the gastric juice, producing morbid irritation of the stomach, and rendering it unable to perform its functions properly. The symptoms are numerous: the patient generally complains of inability to attend to his usual business; the slightest exercise occasions fatigue; uneasy sensations in the region of the stomach, with a sense of fullness and tenderness upon pressure in that region; acrid eructations; the patient may experience a slight chill, and have some fever; skin, as a general thing, dry and contracted, with moisture in the palms of the hands; patient troubled with great restlessness, and with despondency of mind, palpitation of the heart; sometimes great heat or burning sensation complained of in the stomach; cough and expectoration sometimes attend this disease, the lungs appear affected from sympathy; the urine is generally scanty and high-colored, depositing a red sediment; the appetite poor, but sometimes the patient has an inordinate desire for eating, he can hardly be satisfied; the tongue coated and dry, showing a morbid condition of the mucous membrane of the stomach; bad, unpleasant taste in the mouth, more particularly in the morning; the breath fetid; bowels irregular, but, as a general thing, flatulent after passing undigested food mixed with the feces; much acidity of the stomach; pain and fullness in the thoracic region; the countenance becomes pale and sallow, and the patient emaciated from want of assimilation of the food. Melancholy generally attends dyspepsia, the mental powers become impaired; in fact, with patients laboring under this disease, none of the faculties are normal. In long standing cases, the stomach will become ulcerated, or in a state of scirrhus, which can be detected by the appearance of the tongue; you may discover small ulcerated spots upon or near the root of this organ, or the tongue very red.

The causes of this disease are whatever deranges the secretion of a due quantity of healthy gastric juice, or deranges the healthy tone of this organ, as the use of indigestible food, habitual use of stimulants and narcotics, as liquors, tobacco, coffee, and opium; want of due bodily exercise, and free and unconfined air; the influence of a variable atmosphere, deranging the functions of the skin, there being great sympathy between these organs, will cause a derangement of the stomach; excessive grief and mental depression; the vitiated secretions themselves, not only of the stomach, but of the pancreas and liver: distending the stomach with large quantities of food of an unnutritious character; very cold or very hot drinks; too rapid eating; leading too studious a life; excessive and long-continued evacuations; anxiety of mind; diseases of the spleen, and uterine obstructions, masterbation, venery. These circumstances produce all the phenomena of indigestion, not only as regards the disorder in the stomach and digestive organs themselves, but as respects the innumerable affections of distant parts, from sympathy with the stomach and other internal viscera. The secretions of the stomach and liver becoming very vitiated, keep up an irritating influence or condition continually, and this must produce its debilitating effects upon the brain and nervous system.

This disease simulates chronic inflammation of the stomach, and I think in most cases of dyspepsia, we do have inflammation or morbid irritability of the organ; it must be so when we have ulceration. The fact is, it is hard to diagnose these diseases. You must form your diagnosis from the history of the case and symptoms, in this disease. Prognosis is favorable, but the patient must not expect a speedy recovery. There may be organic lesions, as ulceration, adhesions, and the patient still recover.

TREATMENT.—From the foregoing enumeration of causes, which bring on disease of the digestive organs, it must be obvious that much depends upon avoiding or removing such causes, in order to remove the disease. For this purpose, then, care should be taken to regulate the quantity and quality of the food. It is generally best to allow the patient to eat what seems to agree with the stomach best; avoiding coffee, for I believe it to be a prolific cause of the disease; drink pure water, the most natural drink and unirritating. Take plenty of exercise in the fresh air, keep regular hours, attend to bathing as often as once a day, occasionally use the alkaline bath, or bathe with whisky and water; this will stimulate the skin to healthy action, thereby tending to eliminate the morbific and unhealthy matter from the system, and its removal relieves the irritation that must necessarily occur in the stomach, and other internal viscera, by its retention. The hours for eating should be regular, or at regular intervals, and the patient should take time, and masticate the food thoroughly, and not take too much liquid at meals as it tends to dilute the gastric juice in the stomach, and prevents digestion. The patient should associate with cheerful and lively companions, as the natural tendency of this disease is to melancholy. Traveling would have a very beneficial effect in this disease; it would present variety to the mind, relieving that restlessness and melancholy, by which the disease is characterized.

As to the medicines to be used in dyspepsia, they must be of an unirritating character. I always use medicines that will have a specific action on the mucous membrane of the stomach: and I also use some of the unirritating preparations of iron, for there must be a want in the constitnents of the blood, from the assimilative powers of the stomach and bowels being deranged. There is not a due quantity of nutritious material taken up, consequently, the blood must be in an abnormal state, or of vitiated quality. I think tonics and alteratives are indicated in this disease, but we must not give them until the stomach is prepared to receive them—the bowels regulated and stomach excited to more healthy action. When called to a patient laboring under this disease, and the stomach appears in a torpid condition, or distended with undigestible articles of food, I first give an emetic. This will thoroughly evacuate the stomach, and throw off the morbific matter therein retained, and also stimulate the liver to healthy action, have a good influence over the mucous follicles, and produce moisture and relaxation of the skin. I use as an emetic, the lobelia and eupatorium perfolatum, in small and frequent doses, until it produced free emesis. To regulate the bowels, I give the hydrastin and leptandrin; they are both slightly cathartic in their nature, and unirritating. After getting the bowels in a more healthy and regular condition, I then adninister the hydrastis canadensis in form of infusion, or the coptea trifolia: they are both good, being unirritating tonics, and having special action upon mucous tissues, and they also tend to strengthen the patient, and produce a tonic effecton the muscular coat of the stomach and secreting follicles. I usually continue this treatment until I produce a healthy action in the stomach and bowels, and then I follow wiih the more active tonics and alteratives, and preparations of iron—having the patient attend well to his diet and exercise. I think this course of treatment, if persevered in, will remove the disease.

Worthington, Ind., May, 1857.

ACUTE HEPATITIS.

BY JOHN CRAIG, M. D.

By this term is understood an inflammation of the liver. The entire organ may be affected, or only a part of it, and each condition presents certain symptoms that will assist in diagnosing with accuracy. It is generally ushered in by a chill, followed by a fever and furred tongue. If the membranes are affected, the tongue will be red around the edges, with a yellow appearance in the center. The bowels are irregular, mostly costive. They are sometimes vomited and pass by stool, dark-colored matter; this takes place when there is an engorged state of the vessels of the liver and intestines. To this is soon added pain in the region of the liver, sometimes acute and shooting, with tension in the right side; at other times fixed and severe. The pain generally extends to the sternum and shoulder of the right side; this pain is said to be deceptive. The pain in the region of the liver is increased by pressure. When the left lobe is affected the pain is felt in the left shoulder. The pain is increased during inspiration. When the upper part of the liver is the seat of disease, the breathing is impeded. The liver becomes enlarged, and the pressure of the diaphragm upon the lungs produces the difficulty of breathing. When this is the case the patient generally has cough from the irritation caused by the pressure upon the lungs. The cough is short, dry, and frequent. From this symptom the disease is sometimes mistaken for disease of the lungs. When the upper convex portion of the liver is affected, the inflammation may extend to the diaphragm and lungs. There is generally enlargement of the liver. When the lower concave surface is the seat of inflammation, it may extend to the stomach. Nausea and vomiting are often present to a considerable extent, while the cough and difficulty of breathing are less severe or entirely absent.

A yellow appearance of the skin generally takes place, known as jaundice, as does hiccough, but neither are said to be symptoms peculiar to this disease. The cause of this yellowness of the skin is a congested state of the liver. The biliary ducts become obstructed; the bile cannot be carried off, and it is taken up by the blood and passed the rounds of the circulation; the skin being in an unhealthy condition, depuration cannot be carried on, and the constituents of the bile being deposited beneath the skin, produce this yellowness called jaundice.

The urine is scanty and high colored; the skin is hot and dry; the mouth is dry, and the tongue is coated with a yellow mucus, which, in the course of the disease, becomes a dark brown or black; the pulse is sometimes small and feeble, at others full and frequent; there is often wakefulness, and sometimes melancholy.

Inflammation may terminate in resolution, or in the formation of a circumscribed abscess. If it terminates in resolution, it is generally preceded by a discharge of blood from the nose, or by a copious perspiration. A copious discharge of urine about the fourth day is a good symptom.

In the event of it terminating in the formation of an abscess, the tumefaction will increase, and the symptoms pass into the hectic type. When an abscess forms there will be an enlargement of the liver; by placing the hand over the liver, the enlargement can be felt very distinctly. When the abscess forms near the surface, by placing the ear to the side it can be heard throbbing. If it forms near the under surface, the patient will complain of a dull, throbbing pain. The abscess, when formed, will point in the direction that offers the least resistance. It may point externally, or it may point in the direction of the stomach or lungs. If it open into the stomach, there will be vomiting of dark billous matter, or it may be passed off by the bowels. The tongue will become red around the edges, with small ulcers at the root; the breath becomes very offensive. When it points toward the lungs, there will be cough, which will be present sometime before it opens; after it opens the cough will change: it will come on in paroxysms, which are so severe sometimes as to cause great prostration. After it opens there is large quantities of pus thrown up after the paroxysms of coughing. The pulse will be small and frequent; the countenance will be pale at times, at others flushed. If the abscess is not very large, the patient will soon recover. There may be a slight cicatrix left, which will not materially injure the lungs.

Causes.—It has been supposed that malaria was a very frequent cause, as it occurs in those districts in which that poison is supposed to exist. We shall take a different view of it. We generally find it prevailing to a greater extent in the South than in the North, and when the weather has been unusually warm; and we find it attacking those persons who are continually exposed to the hot sun. We believe the principal cause to be a long exposure to a humid atmosphere, by exhausting the cutaneous exhalations. The skin being one of the most important depurating organs, its function being obstructed from a long exposure to the hot sun, a double work is placed upon the liver to perform; it becomes engorged and then inflammation is the result. There are other causes, such as drinking large quantities of cold water when the body is warm, producing a check of perspiration. It may be caused by a severe blow on the liver.

Diagnosis.—This disease may be confounded with gastritis and pleuritis. In gastritis, all that is taken into the stomach is immediately vomited up; there is also great pain experienced on pressure over the region of the stomach. In hepatitis, the pain is in the hypochondrium; vomiting may be present, but not to such an extent; the food is not so liable to be vomited up as in gastritis. In pleuritis the cough is more severe; the pain is also more severe, and increased by lying on the affected side. In hepatitis, lying on the affected side appears to ease the pain. In pneumonia the breathing is laborious and increased by lying on the side; the cough is short and dry.

Prognosis.—As a general thing, this is considered a curable disease, under judicious treatment. It is generally protracted in patients that have been addicted to intemperance.

Treatment. — This disease requires prompt treatment. In it, as well as in all other inflammatory diseases, the Allopaths recommend frequent and copious blood-letting, followed with leeching, blistering and mercury. I should like to know how we are to equalize the circulation, while at the same time depressing the vitality of the patient. I prefer to adopt a course of treatment that will give tone to the system, at the same time remove the cause of disease, and thereby restore the patient to health, and not leave him in a worse condition than he was when we found him.

When called to see a patient laboring under acute inflammation of the liver, I have him bathed all over with the alkaline bath, and rubbed dry with a coarse towel; at the same time let him keep his feet in water as warm as he can bear them; place him in bed, and cover him up warm, for the purpose of equalizing the circulation, and decreasing the inflammation. When I get the patient to perspiring freely, I generally give the compound powder of senna, to unload the congested vessels of the liver, then follow that with a pill composed of podophyllin, leptandrin and phytolacin—dose sufficient to produce an alterative effect; by this means we increase the secretions of the liver. During the time the patient is perspiring, a mustard plaster should be placed over the region of the liver, and should not be removed until it has produced the desired effect; then the bitter herb fomentation should be applied, and should not be allowed to get cold before replacing warm ones. Give internally the diaphoretic powder to keep up perspiration. To allay pain and irritation, if any be present, give sulphate morphia and gelsemin. If the patient become exhausted, or manifest symptoms of the formation of an abscess, we should recommend the use of tonics and stimulants. As a tonic, the cornin and sulphate quinia should be administered according to circumstances. If much debility be present, we would administer as a stimulant, wine or the brandy and egg mixture. In the stage of suppuration, nutritious food should be given.

Clifty, Ind. April, 1857.

MEDICAL DIAGNOSIS.

BY C. T. KIRK, M. D.

We find in the practice of medicine, that the first, and most important of all the duties devolving upon physicians, on being summoned to the bedside of a sick person, is that of forming a correct diagnosis as to the name, nature, seat, and pathology of the disease for which they are, or may have been called upon to prescribe; and, to the young practitioner, that of forming a correct diagnosis, is certainly the greatest of all stumbling blocks, and the most formidable of all barriers; hence he should bring every means into action which would tend to facilitate him in diagnosing. Then what are the requisites for diagnosing, or first, what does the word "diagnosis" mean? Dunglison's definition is, "discrimination." That part of medicine whose object is the discrimination of diseases: a knowledge of the pathognomonic signs of each. Thus, we can say simply a discrimination, or knowledge, and telling one disease from another; and to do this scientifically, he should have some knowledge of anatomy, physiology, and pathology, as disease is that condition of a part which disqualifies it for the performance of its functions. It requires him to have a knowledge of "life" in a state of health, and "life" in a state of disease. With a knowledge of these three, and then act with good judgment, and quick precision, he can diagnose correctly; but, at the same time, he should not neglect rules, as they assist greatly in discriminating, hence they should be stated and fixed. The following is the order recommended by many, in which to conduct the examination of a patient to the end of forming a diagnosis, and as we conceive it to be the only proper mode, we will insert it, and beg your indulgence.

1. Ascertain the patients age; examine the pulse, tongue, eyes, and state of the skin. 2. Ascertain the condition of the stomach, bowels, and bladder. 3. Ascer-

tain the character of the discharges, (if any) the urine, color, and quantity. 4. Ascertain the condition of the mental faculties; if coma, stupor, or any other derangement of the "brain or spinal cord." 5. If there be any pain, where, and of what kind, &c. And we can, with propriety, add four more means, or rules by which the physician may be able to detect the existence of disease. These we divide into two classes, viz: the "general symptoms," and the "physical signs." By the general symptoms, we mean all those indications of disease which point to a particular organ, as it is well known, the character of the pain depends upon its locality, &c. For instance, we have inflammation in the mucous membranes; it is attended with a burning or stinging, and is seldom very violent. The pain is lancinating, and generally very acute in the serous membranes. It is dull, aching, and gnawing in the fibrous tissues. It is rapid, darting, remitting and excruciatingly severe in the nervous filaments; and in the parenchymatous or cellular structures, it is dull, throbbing, heavy, &c. Again, in pneumonia, we have a small, frequent, and wiry pulse, oppressed breathing, increased in frequency often to sixty, or even eighty respirations a minute, a peculiar rust-colored expectoration. In pleurisy, we have a hard, jerking pulse, and a sharp pain in the chest, &c. In consumption, on the contrary, we have a hard cough, shortness of breath on exertion, expectoration, loss of flesh, quick and variable pulse. Whatever symptoms are common, then, to a particular disease, constitute the first means of diagnosing it from other affections or diseases. Therefore, by knowing what are general in each disease, we are able, on merely learning the symptoms, to state correctly what is the nature of the malady. The pulse and sympathetic organs should be examined. For in many instances the painful sensation is referred to a different, and often remote part from where the primary irritation, or idiopathic affection is seated. And again, there are many diseases not manifested by outward symptoms until far advanced, and many most opposite in character, and requiring very great care in diagnosing, which have a great number of symptoms in common. Thus, in chronic bronchitis, we may have cough and purulent expectoration, and burning or aching pains in the chest, even night-sweats, and hectic fever, and these we find are characteristics of that intractable disease, phthisis pulmonalis. Again, irritation of the fauces, throat, &c., frequently cause pain in the cervical vertebra at the joint and sub-maxillary and maxillary glands, &c. Inflammation of the liver often causes pain in the left, and sometimes in the right shoulder. In cases of pregnancy, or when the concave surface is the seat of inflammation, the pain is very dull and heavy, and the sympathy between the stomach and uterus causes nausea and vomiting, while the fœtus produces pressure against the fundus uteri. One would ask, how could you diagnose in this latter case, from its close resemblance to gastritis? We would judge first from the advanced stage of pregnancy (knowing the sympathy existing between the stomach and uterus). Secondly, by the pain, distress, and vomiting, not being increased by taking warm fluids into the stomach, &c. Inflammation of the muscles frequently causes pain in the cervical vertebra; inflammation or irritation of the lungs is very apt to cause pain or soreness about the dorsal vertebra; irritation of the ureters is attended with retraction of the testes; irritation in the neck of the bladder gives rise to pain in the glans penis.

Sciatica, or hip diseases, are generally detected, first from the severe and protracted pains in the knees and legs; and indeed in all the cases that we have witnessed, the pain in the knee or foot was felt for some time before any unpleasant sensations were complained of in the hip. Calculus, (stone) in the bladder, produces extreme pain in the extremity of the glans penis. There are other diseases that produce just as excruciating pains in the extremity of the penis, but at the same time, they are accompanied with blood and mucous discharges, so that the contrast is too great not to form a correct diagnosis. Diseases of the uterus frequently produce pain in the inferior extremities, around the hips and in the loins, amounting, in some cases, to a state of paralysis.

Again, torpor of the liver deranges the whole system, causes eructations from the stomach, pain between the shoulders, in the head and back, at times. It invariably produces a disordered stomach, furred tongue, and loss of appetite, &c. It should be borne in mind that by sympathy, not only diseased sensations, but morbid actions are excited in other parts; thus, inflammation is produced in the testicles from irritation in the urethra, swelling in the breasts from diseases of the uterus. The diaphragm is frequently thrown into convulsive action from gangrene of the most remote parts, producing hiccough, &c. A retention of urine has been known to occur after the operation for popliteal aneurism. But there is no organ more frequently affected by sympathetic irritation than the stomach. A blow is received on the head, occasioning injury to the brain; vomiting is one among the first and most constant symptoms whereby we are led to detect such injuries; vomiting is produced when the testicles are injured, when the intestines are wounded, strangulated, or burst, and when a gall stone is passing through the biliary duct. Injury to the iris frequently occasions vomiting, and an obtuse pain in every part of the body, will occasion sickness.

In short, "gastric disease," it is universally admitted, "may be either the cause or effect of derangements in the functions of the brain, liver, kidneys, lungs, and uterus." Thus it is that the stomach, by its great sympathetic relation, which it bears to other parts of the body—if not directly, it does indirectly, through the medium of the nervous system—becomes as it were, a ball for the radiation of irritations and inflammations, that the organs were compelled to discharge, whose functions are troubled in various ways, and, we may justly add, that it is often that ball to which converge radiations of irritations from these same organs.

But we hasten to notice the most important means, viz., the countenance. This should be always made the subject of special consideration, under which head we beg to submit the following facts, well worthy the most serious attention on the part of the medical student. The delicate paleness of the face, the circumscribed flush on the cheeks in the afternoon, the pearly whiteness of the tunica albuginea, the quivering of the lips and chin in speaking, says Dr. Young, are the unequivocal signs of that intractable disease, phthisis, pulmonalis, &c. Anxiety, lividity, and fullness of the face, with dilated nostrils, indicate pulmonary disease, or hydrothorax. The blue tinge of the tunica albuginea, indicates chronic affection of the spleen. The risus sardinicus indicates inflammation of the diaphragm; gloom, fretfulness, and discontent, indicate intestinal inflammation; the oculo-zygomatic trait indicates irritation or inflammation of the cerebro-nervous system; the nasal trait, that of the intestines; the labial, that of the heart, and some contend, that of the respiratory organs. Tumefaction or œdematous swelling between the eyes indicates hydropic effusion, from chronic or subacute inflammation of the peritoneum. The yellow tinge of the sclerotic coat denotes a diffusion of bile, torpor of the liver, &c. Redness, increased vascularity, swelling, and altered secretion of the conjunctiva, denotes loss of sleep, highly stimulants, and in a great many cases, tardy action of the liver, kidneys, disordered state of the stomach, and inflammation of the conjunctiva. Inflammation of the arachnoid membrane is indicated by an indescribable look of surprise, confusion and discontent, with contraction or dilatation of the pupils, turning up of the eyeballs, and paralysis of the upper eyelids, &c.

Thus we find that there are many important items to be noticed in forming a diagnosis correctly.

Thus, reader, we have given the subject justice as far as our ability would adm't

It is a subject well worthy the serious attention of the student and young practitioner. Diagnosis is worth as much to the practitioner as therapeutics, for how can he effectually apply his "therapia," if he knows not the nature of the disease for which he prescribes them. We contend that when a perfect diagnosis is formed, the disease is half cured. Then, we say that "diagnosis" is one of the most important branches of "general pathology."

Buckhorn, Miss.

CLINCAL REPORTS.

NEWTON'S CLINICAL INSTITUTE, WINTER SESSION of 1856–7.

SERVICES OF PROFS. NEWTON AND FREEMAN.

REPORTED BY PROF. Z. FREEMAN.

CASE 467. Dec. 9.—Billy, æt. 8. Fracture of the ulna. About four weeks ago, he fell from a tree, and fractured the ulna (transverse fracture) between the upper and middle third; also ruptured the orbicular ligament, which confines the head of the radius in the lesser sigmoid notch. The radius was thrown slightly forward, and interfered with a proper flexion of the forearm upon the arm; pronation and supination perfect. The head of the radius could be distinctly felt moving forward and backward with the motions of the arm. This case was presented by Prof. Scudder, who had set the bone and applied the roller and splints. Fractured surfaces united perfectly by provisional callous. The head of the radius can be pushed backward and forward with the hand, causing no pain. Six days after the accident, the bandage and splints were removed for a short time; the head of the radius was then in its proper place. Subsequently, on account of the boy getting the bandage loose, by using the arm contrary to orders, the contraction of the biceps drew the radius forward; now it is, as stated above, readily displaced.

Treatment.—Inasmuch as the fractured surfaces have become united, and the difficulty exists only at the head of the radius, I suggest the non-continuance of the splints. Continue the flexion of the forearm upon the arm. Apply the compress upon the head of the radius to confine it in its place, and envelop the whole forearm, hand and elbow in a starched bandage. This bandage, if applied carefully, will prevent him from getting the dressings loose.

Feb. 4.—Discharged cured.

CASE 468. Dec. 12.—Wm. Stites, æt. 37. Granular Ophthalmia. Two years ago, he had a severe attack of typhoid fever, which left him with weak eyes. About this time, some saw-dust was blown into his eyes, and remained there ten days, at the end of which period, it was removed by inserting a flax-seed between the lid and eye-ball, and as this was removed, the offending substance came away upon it. This induced a severe attack of purulent ophthalmia, which confined him to a dark room for some time. He gradually became better until the present time. Now his eyes are somewhat inflamed, both lids swollen and thickened, upper lids hardened and their conjunctiva roughly granulated, secretion upon them mucoid and viscid. Cannot see to read; can scarcely see to get about. Both corneæ nebulous, and a small opaque spot upon the left cornea. These spots are supplied by small blood-vessels, distinctly seen upon the superior surface of the eye-ball. Has an aching or dull pain in the head over the eyes at times; cannot sleep well. His eyes have been in the present condition for more than one year. Has a purulent discharge oozing constantly from the eyes, and in the morning the lids are closely gummed together. Appetite good, tongue normal, and bowels rather costive. The patient is of a plethoric habit, and has tried nearly every domestic remedy that friends have suggested, besides receiving treatment from a number of physicians.

Treatment.—℞ Comp. cath. pills, one

night and morning for three days, and then purge freely with comp. powder of senna. Use the warm pediluvia at night, alkaline bath and friction once a day. Bathe the head and eyes in cold water night and morning, and apply the cold wet dressing to the eyes at night. Apply the irritating plaster to the back of the neck. Use no animal food.

Dec. 16.—Improved; pain about the eyes and temples relieved; cathartics purged well; he looks and feels much better. Evert the eyelids, scarify, and apply upon the granulations, sesq. carb. potass. (dry) to destroy them. Continue the treatment, and use internally, ℞ Iod. potass. ʒj, water ℥vj. M. Take two teaspoonfuls three times a day.

Dec. 23.—Eyes much improved; the secretion from the conjunctiva looks more normal. Continue the treatment.

Dec. 30.—His head feels clearer than it has for a year; the pain in the temples has subsided; bowels quite regular; does not need the comp. powder of senna, but uses only the pills. Eyes still sensitive to light; can see more plainly than before; lids not so much thickened as formerly; granulations much smaller, and every appearance favorable. Applied a small amount of sesq. carb. of potass. to the large granulations of the right eyelid, and to relieve the morbid sensibility of the eyes, ordered, ℞ Ext. stramonium ℥ss, warm water Oj. M. To be applied to the eyes every night as a moist dressing.

March 3.—He resides in the country, and from some cause, I have no further report of the case.

Case 469. Dec. 13.—Margaret Delany, æt. 32. Dyspepsia. For two months she has complained of a dull sensation of weight in the precordia. accompanied with symptoms of indigestion; tongue slightly coated, bowels costive, appetite indifferent, headache, pain in the stomach after eating; has an aching sensation in the loins, a slight eruption upon the face, skin dry, and her eyes are somewhat inflamed, and the lids scabbed. The whole difficulty seems caused by neglect of proper bathing, diet, &c.

Treatment.—Alkaline bath with friction once a day. Use only vegetable diet. Take ℞ Comp. powder of senna ʒj at night, for two successive nights. Apply a cold water dressing to the eyes at night.

Dec. 20.—Discharged cured.

Case 470. Dec. 26.—Mrs. O'Donnell, æt. 37. Rheumatism. Has been affected six weeks. Caused by exposure on a wet day. Complains of severe pains in the loins, shoulders, joints, groins and legs; pain in the clavicle, scapula, and shoulder joints, on grasping those parts. In the commencement of this disease, she was confined to her bed for two weeks. Her knees were much swollen and very painful during that time. She was apparently healthy previous to this attack of rheumatism. Now her tongue is not coated, and her bowels are regular. Her breath has the peculiar rheumatic fetor. Has no sensible perspiration. Has a constantly aching pain in the right shoulder joint, which increases in severity every evening.

Treatment.—℞ Tinc. macrotys racemosa ℥ij, tinc. guac ℥j, vinum colchici ℥j, iod. potass. ʒss. M. Take ʒj three times a day. Use the spirit bath. Bathe the painful parts with rheumatic liniment three times a day.

Jan. 6.—Discharged cured.

Case 471. Dec. 26.—Henry Amtric. Rheumatism. Has been affected six weeks. There is swelling of the knee-joints, soreness on pressure of the knee and ankle joints, some swelling and pain of the feet; has no soreness upon pressure over the vertebræ; pain aggravated on walking, also increased toward evening. Pulse 130 per minute, breath fetid, bowels regular, urine high colored.

Treatment.—℞ Iod. potass. ʒij, water ℥iv. M. Take ʒj four times a day. Use the warm pedilvuia at night.

Dec. 30.—Feels much better; pain much less; stamping causes pain in the affected parts a little. Continue the treatment.

Jan. 6.—Does not feel so well; thinks he has taken cold. Pains in the joints have increased, and general health not so good. ℞ Gelsemin, gr. xx. Make powders xx; take one three times a day.

Jan. 12.—Not so much pain; feels much better in every respect; some aching pain in the right knee. Continue the treatment.

Jan. 20.—Discharged cured.

Case 472. Dec. 20.—Thomas Rial, æt. 8 years. Foreign substance in the hand. About five weeks ago, while walking along with a darning needle, he struck it against the fence, and forced it into the palm of his hand, where it broke off. No hemorrhage followed this accident, but it was accompanied with considerable pain. Attempts were made at the time to extract the fragment, but they did not succeed in getting it. Poultices were used for the alleged purpose of *drawing* it out.

The fragment of the needle was extracted by Prof. Freeman. It was one inch and a half in length, including the eye of the needle, and its surface was much oxydized. The needle lay loose between the metacarpal bones of the fore and middle fingers, and produced no symptoms of tetanus. Apply an elm poultice.

Jan. 7.—No discharge of pus. Discharged cured.

Case 473. Dec. 30.—Timothy Maloney, æt. 50. Ulcer of the leg. Four weeks ago, a rock fell against his right shin, and abraded the integument. He took cold in it, and his dress irritated it from constant friction. Now the ulcer is almost two inches in length, and one inch and a half wide. The edges are swollen, elevated, inflamed and irregular. It looks red, and is irritable or painful to the touch. Granulations irregular, secretion scanty and tenacious; sore bleeds easily. He says that it feels better than it did yesterday. He has been using the elm poultice since last night. The integument around the ulcer is quite purplish.

Treatment.—Apply the elm poultice tonight, and then in the morning apply the adhesive straps, and continue them until the sore heals.

Jan 2.—The ulcer has improved much, doing well. Continue the treatment.

Jan. 15.—Discharged cured. Ulcers of the shin should be attended to early, or they may prove troublesome.

Case 474. Dec. 30.—John O'Conner, æt. 45. Crushed finger. Four weeks ago a bar of iron fell upon his finger, and crushed it. It swelled a little, and became exceedingly painful. No apparent abscess presented itself, but a German physician lanced it; no discharge from it, excepting a little blood. The nail was forced into the finger at its place of attachment, and the nail-papillæ injured; they are now swollen and sensitive, and thus I account for the pain in the part. Also the periosteal investment of ungual extremity of the ungual phalange may have been injured, and is now inflamed and painful.

Treatment.—Extracted the nail, and applied sesq. carb. potass. (dry) to the affected part. Use an elm poultice on it for two days.

Jan. 5.—Part still painful, yet better than when here before. Apply sesq. carb. potass freely to the affected part, and use the elm poultice.

Jan. 13.—Much better; the morbid sensibility of the part has been removed. Use the Mayer's ointment.

Jan. 16.—Discharged cured.

Case 475.—Dec. 30.—Honora Donahue, æt. 40. Pleuro-pneumonia. Has been affected two weeks. Commenced as a lancinating pain in her right side, and right submammary region. This pain has been more or less severe to the present time. Has some cough, but is forced to suppress it on account of the pain it causes. Full respiration causes pain. Respiration 28 per minute, pulse 110. Pain in the head; has chills, followed by some fever; tongue slightly coated white; expectoration tenacious and slimy: dull sound on percussion between the scapulæ; skin dry, bowels regular.

Treatment.—℞ Gelsemin, diaphoretic powder, aa. gr. x, ipecac. gr. vj. M. Make powders x; take one every three hours. Apply a hot fomentation of hops and tansy to the chest; keep it there constantly for two days.

Jan. 2.—Improved much; less pain, respiration more natural; every symptom much improved. Continue the treatment.

Jan. 6.—Feels entirely relieved, and as well as she has been for the last seven months, excepting a little weakness. ℞ Hydrastin gr. xx; make powders xv; take one three times a day. Discharged.

CASE 476. Jan. 6.—Mrs. Adams, æt. 24. Gun-shot wound. Three weeks ago, a pistol, loaded only with powder, accidentally exploded, and lacerated the soft parts on the inner side of the first phalange of the index finger. It was dressed with sutures and adhesive plaster at the time—is doing well.

Treatment.—Extracted the sutures, and dressed it with adhesive straps.

Jan. 12.—Nearly well. Re-dressed the wound. Discharged.

CASE 477. Jan. 9.—Silas Roach, æt. 38. Asthma. Has been affected four months. During the last three weeks his cough has been rather severe, more severe than previously. Expectoration has changed from a tenacious, white mucus, to a thick, white and yellow secretion. Has a sensation of drawing or tension through the chest, with much difficulty in respiration; much wheezing and some hoarseness. Is troubled with exacerbations of the disease, at which times he cannot lie down. Free expectoration relieves him, but the severe symptoms soon return. Deglution is somewhat painful; tongue red at the edges.

Treatment.—℞ Tinc. lobelia ʒj, tinc. gelseminum ʒss, syrup senega ℥j, tinc. opii comp. ℥j. M. Take ʒj every two hours. Use the warm pediluvia at night, and sinapism to the back at night, and chest in the morning.

Jan. 16.—Feels much better; can lie down at night; expectoration more comfortable; less tenderness on swallowing. Continue the treatment.

CASE 478. Jan. 13.—James Dougherty, æt. 9. Scrofulous enlargement of the cervical lymphatic glands. The glands of the neck have been enlarged about one week; one of them is quite enlarged, and swollen to a level with the angle of the jaw. His mother has buried four children who died of scrofula.

Treatment.—Apply the Mayer's ointment over the enlarged glands.

Jan. 16.—Swelling increased, general symptoms aggravated. Apply an elm poultice over the swelling, and use comp. syrup stillingia internally in ʒj doses.

20.—Improving in every respect. Continue the treatment.

No further report.

CASE 479. Jan. 13.—Jas. Connery, æt. 15. Rheumatism. He has been affected since Christmas, at which time, by getting his feet wet, he took a cold. Has rheumatic pain in the right arm and left foot. When he lies down there is some pain in the right shoulder, which nearly disables his arm. Appetite good, tongue apparently normal, edges a little red; has some cough, sore throat, and pains in his chest, (has had a cough every winter); expectorates a black kind of mucus. Has been wearing a plaster upon his arm, hoping that by some *hocus pocus* influence, it would draw the rheumatism out.

Treatment.—℞ Tinc. phytolacca ʒiij, tinc. macrotys, tinc. gelseminum, aa. ʒij. M. Take ʒj four times a day. Use alkaline bath night and morning.

Jan. 20.—Throat entirely relieved, cough much better. Shoulder a very little improved. Continue the treatment.

Feb. 13.—Discharged cured.

CASE 480. Jan. 13.—Marshall Davis æt. —years. Intermittent fever, quotidian type. Has been affected five months. Has had a paroxysm every day for one week at a time, and then they would disappear for four or five days, to return and continue again for one week or more. Tongue broad and coated white; appetite good, bowels regular, skin sallow, and he feels rather feeble and debilitated. Had a paroxysm yesterday.

Treatment.—℞ Prus. iron gr. xx, gelsemin gr. xv. M. Make powders xv; take one every three hours the first day, and every four hours afterward.

Jan. 16.—Has felt much better since he was here; has had no paroxysm, but a little headache. Continue the treatment, taking three powders a day.

Jan. 20.—Feels well; says that he considers himself entirely relieved; general symptoms improved. Discharged cured.

Case 481. Jan. 13.—Elizabeth Roark, æt. 37. Masked ague and cough. Has been affected two months. Has a slight cough constantly, some tenderness in the chest on coughing, night sweats, headache. Tongue slightly coated white, appetite good; feels debilitated; has some symptoms of masked ague.

Treatment.—℞ Syrup senega, syr. scilla, aa. ℥ij, tinc. lobelia ʒij. M. Take ʒj every two hours. ℞ Hydrastin, prus. iron, aa. gr. xx. M. Make powders xv; take one three times a day.

Jan. 20.—Entirely relieved. Discharged.

Case 481. Jan. 20.—Neil Syren, æt. 68. Bronchial irritation. Has had a cough during the last two months; coughs most about ten minutes on rising in the morning—not severely, but for some time before he can expectorate freely; expectoration slight. Thinks the cough was caused by a cold. The most pain and soreness he experiences is in the region of the bifurcation of the trachea, and then only when coughing. Has some pain in his left side, above the hip, when he is sitting. Has scarcely ever been sick. Appetite indifferent; scarcely ever eats until noon; is rather feeble.

Treatment.—℞ Syrup senega ℥ij, tinc. lobelia ʒiij, tinc. sanguinaria ʒij, syrup stillingia ℥ij. M. Take ʒj every four hours. Use the warm pediluvia at night. Bathe the back over the spines (whole length), at night, with mustard and water. Use sinapism to the chest at night.

Jan. 30.—Feels nearly well, coughs scarcely any. Continue the treatment.

MIND IN DISEASE

BY W. G. ELDER, M. D.

Nothing is, or has been more certainly known to the medical profession, in this, or past ages, than that the diseases of the body have more or less influence on the mind.

That circumstances over which a patient may have no control,—over excitement by the various departments of theology,—the fluctuations in commerce,—the anxiety of the agriculturist,—the idea of home and friends to the soldier,—in a word, the innumerable varieties of objects and pursuits that make up the sum total of the hopes and fears of the multifarious family of man, have an important bearing in connection with disease, no one will doubt,—and no one can appreciate so well as the well-informed, attentive, and faithful physician.

Aside from the reasonings of physiologists, history gives us instances amply sufficient to prove the fact, that mind and matter are connected in action, and often reciprocal in influence.

While on this part of our subject, we find in Williams' Principles of Medicine, p. 43, part 28, 4th American Edition, 1853, some remarks so appropriate here, that we cannot resist the temptation to copy them.

"*Depressing passions of the mind, such as fear, grief, and despondency.*

"Many are the instances in which numbers, as well as individuals, have escaped a prevalent disease, until depressed by some unhappy event of apprehension, and then they have fallen victims. Such was instanced in the ill-fated Walcheren expedition, and in many passages in the history of armies in pestilential countries. A defeat, a failure, or even bad news, made many succumb to the pestilence, who had before escaped. It is a common remark, that when a contagious or epidemic disease prevails, those who take the most precautions frequently suffer, because they are timid and fearful, whilst the stout-hearted and reckless are unscathed. When the mental energies are depressed by fear, grief, anxiety, disappointment &c., the powers of life are less able to oppose the debilitating causes of disease; and individuals, singly or collectively, are, under such circumstances, especially liable to those disorders which are of a general or specific origin, as fever &c. There is nothing which more certainly predisposes the system to the operation of the exciting causes of fever, than the fear of being attacked by it. On the contrary, when the mind is elated by success, *hope* and *confidence*, or other exciting passions, depressing causes make little or no impression upon the constitution, and individuals thus circumstanced, almost always escape from diseases which readily invade the fearful, the dejected, and the disappointed. Indulgence of temper and passion not only predispose to disease, but frequently excite it, in the nervous, irritable, and sanguine temperament. Diseases of the heart, brain, liver, stomach and bowels, often originate in these sources. Uncontrolled passions of every description, occasion a host of functional and structural disorders of the great viscera, whilst moderation of all the appetites, an equable state of mind, and the moderate excitement accompanying a well regulated application to business or study, are among the best means of resisting the impression of injurious agents."

As illustrative of what we have already said, we will give a few cases in detail.

The writer, while removing from near Council Bluffs, Iowa, to south western Texas, stopped on the evening of the 4th of March, A. D. 1856, at a wealthy farm house in Iowa, and at first glance recognized in the gentleman at the door, the face of a friend of old Fort Kearny memory—not seen or heard from before for nearly two years. He remarked, "Dr. I am very glad to see you—but am sorry to tell you that my wife can't live 24 hours longer—her physicians have all given her up to-day, to die. They are learned men, and understand their business—they say she is in the last stage of consumption; to be certain, they came to day and "*tested*" what she spit up, and there is no mistake about it." I begged permission to see her immediately, which was granted. And the peculiar sunken features—the extreme prostration—the dark red-purple circumscribed spot on the cheek—its alternating the cheeks, showing only a few minutes at a time—the sunken, dry, glassy eye, that had been suffused with tears involuntarily, until the fountain had been dried up—the nearly constant stupor—the dark sordes on the gums and teeth—the peculiarly repulsive, fetid breath, &c., at once convinced me that the disease was nothing more than what I had always been used to call typhoid fever, in its worst form—accompanied by some complication of the lungs—and told him so—that I could see no hope, but that the best rule was never to give them up—that if she has to die, let her die during our best efforts to save her, and during the actions prompted by the heart-warm recollections of her disinterested kindness toward me two years ago, in the wilds of Nebraska, when there a stranger, worn down by exposure and fatigue. Now, sir, I wish to pay a debt, which of all other debts is the hardest to pay—that is, a debt of gratitude.

SYMPTOMS.—Pulse absent at the wrist—could now and then feel slightly a flickering; features fixed; a strange ghastly look; unchangeableness, not significant of any chain of thought; but she lay like a fallen statue, expressive of gloom and despair, eyes half open, lids stationary, hands cool, feet and ankles cold, under the nails and ends of toes bluish purple, discharges involuntary, mouth partly open and fixed; will lie upon her back; tongue nearly black, perfectly dry and smooth like glass; nearly blind; hard of hearing; great difficulty in swallowing; nearly impossible to protrude the tongue; skin shriveled, clammy, relaxed, sticky, and nearly insensible; discharges from the bowels green, with black and yellowish water mixed, and as offensive to the smell as can be imagined. It may be asked why I have not said whether the bowels were tympanitic or not—whether tender on pressure or not. I will say in reply that those learned physicians had said that she was too weak to be moved; and the result of raising the bed clothes "told full well" of the faithfulness with which their instructions had been put into execution. But in this you shall soon see, that to ascertain about it we "tested" their learned opinion.

Trreatment.—First,

℞ Hydrastis canadensis	gr. xxx,
Chloride of sodium	ʒj,
Sub. carb. soda	gr. x. M.

Dissolve in one ounce of hot water, and wash out her mouth well, until the gums and teeth are thoroughly cleansed. Then,

℞ Sul. quinia, hydrastin, aa.	gr. v,
Carb. of ammonia,	gr. v,
Pre. carb. ferrum,	gr. v,
Chloride of sodium,	gr. xij,
P. ipecac,	gr. j,
G. camphor, p. opii, aa.	gr. j. M.

Dissolve in half an ounce of cold water; take this solution into the mouth, and retain it there a few moments, then swallow it. Next gave an enema of a strong decoction of the verbascum thapsus. When the tea is made as strong as it well can be, then strain and add to whatever quantity of tea there is, one-fourth as much new milk; put it over the fire again, and bring it nearly to boiling, add the chloride of sodium one table-spoonful to a quart, and of soda fifteen grains; then inject into the bowels all that can be, using some force, taking plenty of time for it; retain it there by force three-quarters of an hour.

During this operation it did seem that the patient would die; once I thought she was dying.

At the expiration of three-fourths of an hour, she was taken up, and held over a common washing tub; then passed the most copious discharge I ever saw from any one—green, black, &c., and the stench beyond possible endurance. The patient was placed back in bed carefully, and apparently dead. But signs of life soon appeared, and she faintly whispered, "how good I feel."

Next ordered her linen to be removed from the body and arms, without moving her. Then, with

℞ Salt	¼ pint,
Soda	1 oz.,
Hot water	1 gallon. M.

Wash the body thoroughly, rubbing light and quick. On leaving the room, left this order: "Ladies, see you wash her well. Prepare a clean linnen in the same way in which you do the one you take off, draw it under her carefully, take up its sides and sew them together; then wrap the hands and feet in cloths wrung out of hot water, to soften the skin of the palms of the hands and soles of the feet, and soak the nails that they may be trimmed"—which was done in half an hour afterward. Next ordered the head to be combed, which was no small affair, for she had been considered for weeks too low to have her head combed.

At this time, 9 o'clock, I was invited to supper in an adjoining room. While eating, the writer overheard the little children talking among themselves. One said, "Mother was right, was n't she? she told us last week that it seemed to her that the Lord would send some one here to cure her." This was a valuable hint, for before going to supper we had tried several mental tonics without the least effect. So, on re-entering her room, as soon as supper was over, her now attending physician seized the lamp and held it close to his face, and standing at the foot of the bed, that she might look him in the face, he exclaimed in a loud, firm tone of voice—"He, in whom you put your trust, has sent me here to-night to cure you, and I will do it."

The effect was salutary and instantaneous. To those who have seen in imagination the effect on the Janizaries, of seeing the "green flag" advancing amid the shock of battle (if our memory serves us) between Tamerlane and Bajazet; or the effect of the white Cavalier appearing on the mount in the presence of the disspirited Crusaders, at the storming of the walls of Jerusalem; or the mere seizing of the flag on the bridge of Lodi;—to those who have rested on these and other oases of Life's great Sahara, will find the transition easy to the power of a word fitly spoken, a look, a mental diversion, or the accumulated religious belief of years, to the dispelling of the depressing emotions of a sick hour. And this not to the weak and effeminate alone, but to those of moral worth, brave hearts, iron will, and giant intellect.

Next ℞ Sugar and pulv. gum Arabic, a very large spoonful, spirits turpentine one teaspoonful, lard one teaspoonful, com. spirits lavender one teaspoonful, water sixteen teaspoonfuls; stir well, and give one teaspoonful every three hours, alternating each dose with the following: ℞ Chloride of sodium gr. xv, sul. quinine gr. 3, p. opii gr. j, hydrastin gr. ij, c. ammonia gr. ij, dissolved in cold water ℥ss.

Inject into the bowels one-half pint of the mixture used first for that purpose, every six hours. Alkaline bath every evening. Diet, chicken broth (made rich), pretty well salted, taken often and as freely as the stomach will bear.

Convalescence was rapid. There was a copious discharge of black coagulated blood from her bowels before day, but we made no change in treatment on account of it. In passing through that county in July last, I saw this lady, and she had the appearance of tolerable health.

I thought, before commencing this article, of reporting some dozen cases. But not being in a writing mood (from long indisposition), and not doubting that the reader is as weary of this as the writer, as brevity is often the most commendable trait of the author, we conclude by saying, that if the innumerable hosts of armies that have gone down to the grave of empires, were not permitted to face death without first being harrangued by their commanders, though bred to arms, and accustomed to danger, nerved by music and all the paraphernalia of war—how natural to infer the value of anticipating the mental wants of the sick—the encouraging word—the kind manners—renewed hope—confidence of success—and the consciousness of competent medical knowledge in "our friend" at our bedside in sickness.

Rock Prairie, Mo., April, 1857.

CATHARTICS.

BY R. H. DENNER, M. D.

I do not regard it as a duty properly incumbent on me, to endeavor to answer the numerous objections which have been brought forward by a certain class of physicians, against the use of cathartics. The exclusion of this class of agents constitutes one of the distinguishing features of the Thomsonian practice of medicine. Its advocates contend that they disorder the stomach, impair digestion, lessen determination to the surface, weaken the power of generating heat, diminish nervous influence, and finally prostrate the function of the bowels. They contend furthermore, that "they modify the symptoms of disease without removing the cause," and do not harmonize with the laws of life, "because the constitution makes an effort to expel them when introduced into the stomach." With the same propriety and on the same ground, might we object to the use of emetics, as nature makes an effort to expel them by the act of emesis, which is a reversed action of the alimentary canal. Thus we see that nature sanctions the use and propriety of cathartics as much as she does emetics; although they contend that the action of emetics is physiological, and harmonizes with the laws of life.

We admit the impropriety of their use in certain conditions of the system, and believe that when they are injudiciously and indiscriminately employed, they may produce all of the effects mentioned above. But does this afford us sufficient reason to discard them altogether? It certainly does not. Therefore, we proceed at once to the subject under consideration.

Cathartics are medicines which, by virtue of a specific action, increase the secretion from the internal surface of the bowels, at the same time augmenting peristaltic motion, causing its expulsion. Those agents which, by a mechanical action, produce irritation of the mucous membrane of the alimentary canal, in a sufficient degree to augment peristaltic motion, and by reflexed nervous action.increase secretion from exhalents, cannot legitimately come under the head of *true cathartics;* but might with propriety be termed *indirect cathartics.* Hence we have a division into two classes—*direct* or *true,* and *indirect* cathartics; the former operating by virtue of a specific action, while the latter is entirely mechanical in its action.

In the treatment of disease, we find cathartics to be the most important class of agents in the materia medica, for there is scarcely any disease in which there is not a derangement in some way of the alimentary canal, indicating their employment. In fact, the prime indication in all diseases, is first to evacuate the bowels, to remove from them all vitiated matter, which, if suffered to remain, depresses the system, and favors the disease. To appreciate the value of cathartics, we have only to take into consideration the evil effects resulting from a retention of the secretions of the intestinal surface. If the bowels are suffered to remain in an inactive state for an unusual length of time, the whole system becomes disordered, and symptoms of functional disturbance soon arise; the tongue becomes coated, and frequently a bitter taste in the mouth is present; a sense of fullness in the bowels, accompanied by nausea, flatulence, fetid eructations, borborygnia, and not unfrequently vertigo. In addition to these, there is heavy and dull pains in the head, an offensive state of all the secretions, and dry, husky skin. The whole system becomes deranged, and a foundation for disease is laid. The whole mass of fluids is in a depraved state; the brain and nervous system are seriously implicated.

By the proper use of cathartics a healthy action is brought about among all the organs of the system, the secretions are restored to a healthy condition, the morbid material contained in the blood is thrown out by elimination, and the whole system, "if we are allowed the expression," is renewed.

Those who condemn the use of cathartics, probably still hold to the old and exploded notion that the fœces consist merely of that portion of the food, which is not taken up by the absorbents, and that the action of cathartics is simply to expel it. This is a most egregious error; for it has been proven by physiologists, that the fœces consists of, or in part of, waste matter thrown out of the blood by the several sets of glands, on the intestinal surface. It is a well known fact that evacuation of the bowels takes place when there is no food taken into the stomach. This is often seen in low grades of fever, where patients lie for weeks without taking food, and the bowels are from day to day evacuated, owing to a separation of material from the blood, which is poured into the intestinal tube by the exhalents. Hence, in the treatment of disease, we resort to cathartics not simply for the purpose of removing the contents of the bowels, but to excite the exhalents to an increased action, thereby favoring the depurating process.

In order to understand more fully the therapeutic action of cathartics, we must first understand the anatomy and physiology of the digestive tube on which they act. The intestinal tract extends from the mouth to the anus; it is lined with a mucous membrane, which is continuous at either end with the common integument of the body. Its length is said to be about thirty-six feet. It is endowed with a peristalic motion, which is incessant, and resembles the motion of a snake or worm when coiled; hence its name, vermicular motion. It is by this motion that the contents of the bowels are expelled. The internal surface of this canal is thickly studded with small glands which are said to amount to several millions. It might, indeed, be called a glandular membrane. It is endowed with excito-motory and ganglionic nerves, and supplied throughout with blood-vessels, and a muscular lamina, which is involuntary, except at the extremities, where it is endowed with voluntary motion The glands found on its surface have different functions, one set furnishing a secretion for lubricating its surface, while there are others which act as depurators to the system, throwing off waste material. There is also a vascular connection between the intestinal surface and the liver. It also bears an important relation to every other organ in the system, their action depending entirely upon its condition. The system is constantly undergoing a destruction or change, hence we hear physiologists say, "*The condition of life is death;*" and as strange as it appears, it is certainly true. The products of this destruction are carried off through the various secretory organs of the system, the intestinal surface being the largest among them. Thus we see the importance of directing our remedies to it in the treatment of disease. When the contents of the bowels remain a sufficient length of time, they are taken up by the absorbents, and carried into the system, producing disease. Cathartics, by virtue of their depurating power, seem to answer, in an eminent degree, the purpose of ridding the system of this morbid material.

Cathartics operate by virtue of a specific action, which will be seen in our definition. Their first impression is made on the mucous membrane of the alimentary canal, and is reflected to other portions, resulting in its contraction. These are what are termed *indirect cathartics.* While those which act through the medium of the nerves, and the change they produce on the circulating fluid, have been termed *true cathartics.* They are taken up by the absorbents, and go the rounds of the circulation, coming in direct contact with the tissues of the organs on which they act. The presence of some medicines may be detected in the excretions, in a short time after they are administered. Dr. Morrow has seen the child, soon after it was born, purged by a cathartic which was administered to the mother a short time previous to labor. This fact affords evidence as strong as holy writ, that these agents act by entering the circulation, although Dr. Chapman declared that no agent acted through the medium of the circulation. It is a well known fact, that in whatever part of the system a cathartic medicine is introduced, its action proves the same. If it be injected into the veins, it goes the rounds of the circulation, and is finally carried to the surface of the bowels, exciting the exhalents to action, augmenting peristaltic motion. Cathartics (true), then, enter the circulation; they cannot remain in it, because they are unnatural to it; consequently they are expelled by the eliminative force through the exhalents of the intestinal surface.

We divide cathartics, in view of their degree of action, into three classes, viz: *Laxatives*, *Purgatives*, and *Drastics.* Laxatives stimulate very slightly the mucous membrane of the bowels, exciting peristaltic motion, without increasing the action of the exhalents. When the object is simply to remove the contents of the bowels, this class is resorted to. The action of *purgatives* is similar to that of laxatives, differing only in their degree of action—purgatives being more powerful in their operation, acting on the exhalents and exciting them to increased action. They may operate in two ways: 1st, by local irritation, causing an out-pouring of the intestinal secretion; and 2d, by entering the circulation, and being expelled through the exhalents on the surface of the bowels. This class, owing to its depletive character, is highly useful in the treatment of febrile and inflammatory forms of disease; and, when given in small doses, excite very gently the digestive apparatus, promoting nutrition and chylification. They have, perhaps, a more extensive application than either of the other classes. *Drastics* are yet more powerful in their operation, producing very copious and watery discharges from the bowels. We find them to be valuable depletive agents, acting in an especial manner on the exhalents of the bowels. They are admirably adapted to dropsies, drawing a large quantity of serum from the blood, and promoting absorption.

Cathartics act in different ways, some acting on the upper portion of the bowels, while there are others which seem to have an affinity for the lower. Thus, by a proper choice of cathartics, any portion of the alimentary canal can be acted upon which we desire.

Diseases in which Cathartics may be Employed.—They are employed sometimes simply to remove the contents of the bowels, where they are loaded with irritating matter, which favors the disease. For this purpose, agents which act gently on the bowels, without producing a general impression on the system, are resorted to. But when we wish to arouse the glandular system to increased action, as well as to empty the bowels, we make use of more active means.

In disorders of the portal system, the use of cathartics is especially indicated; they arouse the liver to an increased action, causing a copious flow of bile. In any disease, therefore, depending on a torpid or inactive state of the liver, they are *eminently* adapted. They have been used with decided advantage in *jaundice*, and in fact all hepatic derangements. They are also powerful depletives, lessening the amount of the circulating fluid, thereby lessening the disposition to plethora and dropsical effusion. For the purpose of depletion they are far superior to the lancet. They diminish the quantity of serum in the blood, leaving the red globules undiminished; and, when discriminately employed, they answer every purpose for which the lancet is used. There is a relative proportion between the solids and fluids of the body, and there is a constant effort on the part of the system to maintain this proportion; and when it is destroyed, absorption goes on more rapidly. In this way, they prove highly useful in the treatment of general and local dropsies. They divert a large amount of serum from the blood, and cause a change from an exosmose to an endosmose of serum through the veins.

They have been used in the treatment of febrile and inflammatory forms of disease, with satisfactory results. They are also valuable revulsive agents, producing a new point of excitement on the surface of the intestinal tube, and diverting excitement from organs at a distance. For this reason, they are employed in the treatment of phrenitis, pleuritis, and other inflammatory forms of disease. We can, by the use of cathartics, abstract a larger amount from the circulating fluid, than could with safety be removed by the lancet; at the same time the blood is not deprived of its vitalizing principle. The absorbent system is stimulated, which soon disposes of all local engorgements and effusions. They have been employed in ophthalmia, mania, etc., with marked benefit. They may be used in cases of congestion, owing to their revulsive influence. They divert the blood from the congested organs, affording relief in a short time. Their action is decidedly alterative, producing a change in the secretions, substituting a healthy for a diseased condition. They enter the circulation, and by their alterative effect, produce an entire revolutionizing effect in the system. The blood becomes impregnated with their active principles, and thus an impression is made on the entire system. They cause nature (so to speak) to rally up her forces, and make every effort in her power to expel the disease. They newly impress the nervous system, bringing about an entire revolution in it. For this reason, they have been recommended in hysteria, chorea, etc. They prove useful in the treatment of amenorrhœa, dysmenorrhœa, and other disorders of the uterus. They act in these cases by contiguous sympathy.

Macon, Tenn, May, 1857.

REVIEW OF BUCHANAN'S ANTHROPOLOGY.

BY PROF. L. E. JONES.

[CONTINUED.]

COMBATIVE AND DESTRUCTIVE REGION."—We are still ascending the hill of science; we have now reached the middle of "Humanity." All the neurological organs now become more important to man, and their investigation more interesting to the philanthropist, philosopher, and scholar. We are now getting into the deep and subtle labyrinths of the new and great science of Anthropology. As has been before said, its hight has no measurement, its depth is unfathomable, while its broad and incomprehensible expanse has neither center nor circumference. But why linger longer on the borders of this great field of science, in which the highest architect of human wisdom—the man fifty years in advance of "all the world and the rest of mankind"—has displayed such mighty and superhuman wisdom. How thankful ought we to be for these marvelous manifestations and revelations of science! Friends of humanity! behold what the great author of Anthropology has done for this benighted age! Imagine our anthropologist upon his bended knees by the side of Dinah, Peggy, or some other naked female, slowly passing his hand from neurological organ to organ, recording his progress, and giving the metes and bounds, as he proceeds in the study of the sarcognomy of the organs of the body, as has been shown in that of the limbs. By numerous experiments, much toil, and hard bodily and mental labor, and by deep and continued research, this matchless work of human progress has come from the hands of the great scientific neurological accoucheur. Whether *breech* or *vertex* presentation, does not appear. Some *learned* professors do not even know the difference in obstetrical practice; but what matters that, since the delivery was accomplished, tho' the labor was tedious, and continued for twelve years? The magnitude of the flaccid, inflated progeny accounts for the protracted parturient struggle. The offspring belongs to the public, and let us profit by the treasures which it has in store for us. Let us apply the progeny to our necessities if we can. Investigation may inspire us with confidence in it; it may, if carefully examined, admonish us to avoid inflated bubbles. This chapter will afford matter of much interest to the reader, as but little less than a score of neurological organs are embraced in the great region described by our author as the "Combative and destructive region."

For the benefit of the reader who is unfortunately deprived of "Buchanan's System of Anthropology," and the inspection of his two naked women (whom I shall call Dinah and Peggy, the real names being suppressed), I will attempt an illustration or explanation. Reader, imagine Dinah standing before you, with her naked posteriors toward you. When thus exhibited, you behold, in the left hind quarter, the "*Combative and Destructive Region*" of our author fully displayed, as is indicated in his book by dotted lines on her naked form. This region does not appear to embrace the entire left hind quarter, but only its upper part, it being bounded below by the transverse, hair-breadth line of "*Vitality*," while it seems to extend backward, or to the right, to the "Region of Crime and Selfishness," or to the middle of the sacrum, and forward until it meets the "Region of Insanity" and the "Region of Relaxation," (which regions appear from dotted lines on Peggy, to cover the entire abdomen and upper part of her thighs), and to extend upward to her short ribs on her left side.

The reader cannot fail to understand the boundaries of this extensive region. The organs of "Hate," "Amativeness," "Insanity," and a part of "Selfishness," are included within this region, while in the text, under the "Sarcognomy of the Selfish Region," the author enumerates some ten or fifteen distinct organs within the same territory. Lest I should be thought to be in error, I will quote the exact language of the text. The reader will at once perceive the great amount of matter which it contains, and should I stop to discuss each organ, point out the positive contradictions, and fully examine all of its subtle problems, it would occupy my pen for months to come. Let the text speak for itself. Read it closely; observe its profundity.

"The selfish or evil propensities are located below the waist, upon the lateral and posterior surfaces of the body. The organ of Irritability lies at the margin of the ribs, nearly on the level of the elbow; Profligacy and Selfishness extend from this toward the spine, and from the latter Combativeness descends upon the pelvis to the region of Hatred. The organ of Baseness lies along the posterior margin of the abdomen, and between the ribs and ilium, connecting above with Irritability and below with Melancholy, through which it approximates the region of Mental Derangement. The range of the basilar organs, Profligacy, Felony, Desperation, Hatred, finds its location upon the back, just below Baseness, and extends to the thighs. These organs of the criminal region are the seat of great physiological and muscular power. Vitality, Nutrition, and Reproduction or Amativeness, are located among the baser organs." (See p. 37.)

How does Dr. B. know the selfish and evil propensities lie below the waist, instead of in the chest, neck or head?

Reader, but a part of these twelve or thirteen different neurological organs are seen upon the naked surface of Dinah, and within this region of combat, but he says Hatred, Baseness, Melancholy, Mental Derangement, Profligacy, Felony, and Desperation, are there. An awful region!—a pandemonium in the flesh!—a place where evil spirits congregate to do wrong! What a dismal and forbidding region, inhabited only by fiends! It must be terrific and fearful to approach! How dare our great anthropologist dwell amidst these demons of strife and passion, combat and death, sufficient time to survey the bloody ground of desperation and untold crimes? By his courage and perseverence, he extracted the nervaura from thirteen different organs, fixed their exact location, and chalked out their metes and bounds! He retired from the field of his scientific explorations in safety, notwithstanding its perils, covered with glory and undying renown! Fortune favors the brave! The exploit is brilliant indeed! No young anthropologist lives, who dare have performed this philosophic feat, and none lives who could have made all these marvelous manual discoveries, and escaped with his life; nor will there be another such, until after the expiration of half a century, and it is extremely doubtful whether a like person will again appear on earth. How wondrous the wisdom of our author! Who ever thought the left hind quarter of Dinah the habitation of so many demons? Did the Creator, in his infinite goodness and mercy, ordain that the left posterior side of woman, more especially the parts known as the left hip and buttock, should be the residence of so many fiends at once?

Whether the same parts of men are the seat of the same number of evil spirits, such as Baseness, Felony, Desperation, Melancholy, Mental Derangement, Profligacy, &c., does not appear from the text. We are inclined to think not. One instance of the kind, however, would seem to establish the converse of this proposition. In this instance, Baseness led to Profligacy, and Profligacy to Desperation, which resulted in the formation of a bogus stock company, with an issue of a large amount of that species of currency. Another instance occurs to me. I allude to the application of the boot to a prominent part of an individual, by which the existence of such an organ as "Hatred" was established. These are strong instances of total depravity, "Desperation" and "Hatred." But even in these well marked examples of "Baseness," I am inclined to refer them to the head rather than the posteriors, the philosophy of our author to the contrary notwithstanding. I may be wrong, and our sarcognomist right.

The skeptic may inquire, is it possible that all these organs do exist, and are thus located? He may ask if they can be located. He may ask whether the most learned, sagacious, and profound philosophers, anatomists, physiologists or chemists, have ever discovered their existence by their hands, by any method of experiment, research or analysis, known to the wise men of the day. He may wish to know if there is any difference as to the vice or virtue, felony or profligacy, hatred or depravity, of these bones and muscles, nerves and vessels, and those of other parts of the body. Is any part of the back and hip "profligate?" If profligate, then it must be vicious, unprincipled, abandoned, reckless, &c. Is such the case? Does not the term imply mentality, intelligence, mind? Can bone or muscle, independent of brain, be either vicious or reckless? Is there any consciousness of right or wrong, virtue or vice, any mental or reasoning faculty about the left posterior of Dinah?

Is there an organ of "Selfishness" on the posteriors of his naked female? Does not the definition of the term imply the existence of a mind, and the exercise of reasoning faculties? Are the muscles and other tissues of these parts more covetous than others? If there is "baseness" in a part, there must be mentality, a mind. Is not "baseness" a quality of mind, and is not mind the manifestation of a cerebral organ, and does such exist in the muscles of the *posteriors?* Can we imagine the existence of "hatred" without associating the thought with a brain and a mind? Do we find either in the gluteal muscles? Is not "melancholy" a disordered state of the mind, a perverted action of the brain, or a perversion of its functions? "Mental derangement" consists in a disordered state of mind. Can we imagine the existence of such a state without a brain? Does mind exist in the gluteal or lumbar muscles, or in the bones and vessels of that locality? Must not brain and mind exist before we can look for "mental derangement?" May we not as well look for mind in the lungs, diaphragm, stomach, or intestines, as in the parts indicated by our author? If there is no evidence of mind or brain in the parts indicated by the "brilliant discovery" of our author, that does not exist in the heel and toe, in every square inch of our bodies, whether internal or external, is it not grossly absurd and supremely ridiculous, to talk of "melancholy" and "mental derangement" existing in the abdomen, back, or gluteal muscles?

In this connection I deem it proper to reply to an oft-repeated inquiry, prompted no doubt by honest motives, but by the evidences of the unparalleled egotism and vanity, self importance, and dreamy delusion so manifest in all the writings of Dr. Buchanan. The question frequently asked is this: "Is ex-Prof. Buchanan sane? Was he rational and in his sober senses, when he penned his System of Anthropology? Or did he write a mere fictitious work to gull the morbidly credulous and make money?" My answer has been, he claimed to be honest, and not only in sound mind, but fifty years in advance of all other investigators, in his philosophic researches, views and writings. In short, he claims to have beaten time in his scientific march by fifty years—quite as probable by thousands. If the blunders and contradictions exhibited by Dr. B. in his Phrenology, as to location, description, function, &c., of organs, as proved to exist by "Philostratus," in his pointed and pertinent reviews, do not show an unsound intellect, or vague and bewildered views of the subject sought to be enforced, in vain may we search for proof of a distempered brain. His ideas of sarcognomy appear to be equally indefinite, unsettled and scattering. Contradictions are the order of the day. Were the author asked to locate these *imaginary* organs in the absence of his book, or the plates of his naked females (Dinah and Peggy), he would, beyond all doubt, contradict their accuracy three times out of five, by selecting new and probably remote locations. He would make new "*preemption claims*" for his pet squatters, at different times. He would locate two or three on the same "claim;" the "claim" made to-day would be forgotten, or "jumped" by another "squatter," and new territory "preempted" for its occupancy to-morrow.

In this irregular way he appears to have proceeded, and made up a book, by placing temporarily, one, two, or three "*squatters*" on a single "claim," or by placing the same organ on three or four different and remote parts of the body, or by changing their location as he progresses from page to page. In some instances he locates one "squatter" on one side, on one limb, or on a particular part, while on the opposite side, limb or part, corresponding precisely in locality with the former, he locates another neurological organ, whose reputed functions are no more alike, than *bogus stock* is like gold, as a "*cash basis*."

I will here close my examination of the "*Combative and Destructive Region*," and resume it in the next number, where I will give a further exposition of our author's positive and palpable blunders and contradictions.

Part 2-Progress of Medical Science

ON THE COMPOSITION OF BREAD.

BY WILLIAM ODLING, M. B., F. C. S.

In fulfillment of the duties of my situation as Medical Officer of Health for the parish of Lambeth, I have recently directed my attention to the quality of bread supplied to my fellow parishioners. I have examined twenty-five specimens, each procured from a different baker. Until the completion of the entire series of experiments, I was ignorant of the prices of the specimens and of the shops at which they were purchased. The loaves were two pound loaves, obtained *new*—that is to say during the day on which they were baked. The top crust of each loaf was sliced off, and then a layer about two inches thick removed, trimmed at the edges, and submitted at once to examination. The results are as follows:

Water.—The two highest determinations of Water indicated 46·71 and 45·42 per cent, respectively; the two lowest determinations gave 38·62 and 41·06 per cent. respectively; the mean of the twenty-five determinations gave 43·83 per cent. as the average amount of water existing in the crumb of new bread.

Saline Matter.—The two highest determinations of the amount of ash yielded by the dry bread were 2·90 and 2·62 per cent. respectively; the two lowest determinations gave 1·54 and 1·87 per cent. respectively; the mean of the twenty-five determinations gave 2·30 per cent. as the average amount of ash in dry bread, or 1·30 per cent. in freshly-baked bread. The average amount of dry substance in bread being, according to my experiments, 56·17 per cent; a two-pound loaf would yield 7863·8 grains of dry substance which, calculated from my average, would give 180·8 grains of ash. Inasmuch as dry flour yields, on the average, 1 per cent. of ash, 7863·8 grains of flour would yield 78·6 grains of ash, which, being subtracted from the 180·8 grains, yielded by the two-pound loaf, would leave 102·2 grains of introduced saline matter consisting principally of common salt and alum.

Nitrogen or Gluten.—The prevalent opinion amongst physiologists is, that the nutritive properties of bread are in proportion to the amount of its nitrogenized constituents, though, indeed, the correctness of this opinion has been called in question by two eminent agricultural chemists, Messrs. Lawes and Gilbert. The two highest determinations of nitrogen that I have obtained are respectively 3·42 and 3.21 per cent. in the dried, or 1·89 and 1·83 per cent. in the freshly-baked bread; the two lowest determinations are 1·66 and 1·81 per cent. in the dried, or 0·93 or 1·01 per cent. in the freshly-baked bread. It is observable that the highest determination is more than double the lowest—a circumstance by which I was at first much surprised. On referring however, to published analyses of flour, I find that the amount of gluten varies from 7 to 15 per cent. The mean of all the twenty-five estimations gives 2·23 per cent. of nitrogen in the dry, and 1·26 per cent. in the freshly-baked bread. My average of nitrogen in freshly-baked bread, corresponds very closely with the prior determinations of Playfair, and Messrs Laws and Gilbert.

Alum.—Alum was detected in eighteen out of the twenty-five samples. No estimation was made of the quantity; but, from the appearance of the precipitates, I should distinguish three loaves as containing very much, and three as containing very little, of this impurity. The very extended use of alum in bread, is in itself almost an evidence that some benefit accrues to the baker from its employment. The probability of its exerting an injurious effect upon the consumer, must depend materially upon the quantity introduced. Whatever may be our opinions on the subject, however, we have, it must be confessed, no positive evidence that the habitual use of alum in bread is, or is not deleterious.

The qualities attributed to alum by different bakers vary considerably. I believe that one great effect of alum is to hinder the transformation of starch into sugar, during the process of baking. Two years ago, I had sent to me for analysis, a loaf which was sticky, saccharine, and sodden throughout, but which had been made from apparently good flour. In the autumn of last year, I received from Tring, in Hertfordshire, a sample of flour which was unadulterated, which contained the normal quantities of gluten, starch, dextrin, &c., each of good quality, which had, in fact, only one fault—it would not make bread. The result of the baking was a sweet, sticky, dark-colored mass. The wheat from which these two flours had been prepared, had, doubtless, undergone a partial malting, with the consequent formation of diastase. Between such specimens as these, and the most perfect flours, every gradation exists. The object of the baker being to retain as much of the starch as possible, with its chemical and physical properties unadulterated, he probably finds this object best attained by the addition of alum, which substance I have found experimentally, to interfere greatly with the transformative powers of diastaste. Of the seven samples of bread which did not contain alum, two were cheap loaves obtained from the bakehouses of two large associations of work-people, and four were full-priced loaves purchased at old-established shops of high repute.

Copper.—In seven out of the twenty-five samples, the presence of *copper* was detected. These are, I believe, the first cases on record in which English bread has been shown to contain copper. I should be loth, however, to charge London bakers with the intentional sophistication of their bread with blue vitriol, unless it could be clearly proved that the presence of copper was otherwise inexplicable, or unless we have positive evidence of the fraudulent introduction of the cupric salt. The probabilities in favor of the accidental presence of copper are—1st. That in three of the samples containing copper, no alum was detected. Those who would adulterate with copper, would probably adulterate with alum also. In two of the above cases, however, the copper was in the most minute traces. 2d. That copper is a very widely distributed element, and that it might possibly, though somewhat improbable, have been introduced in the salt, alum, yeast, &c., or have resulted from the use of copper, utensils. The probabilities in favor of the fraudulent introduction of copper are—1st. That sulphate of copper has the reputation, probably well founded, of exerting a powerful effect in facilitating the fermentation, improving the appearance, and increasing the water-retaining powers of bread. The specimens of bread which yielded me the highest percentage of water contained copper. 2d. That in four of the specimens, at any rate, three of them containing alum in addition, the amount of copper was sufficient to effect its ascribed improvements.

The experiments upon which the above observations are founded were performed as follows:—The nitrogen was determined by a slight variation of Will and Varrentrap's method, as modified by Peligot.

This consists in a combustion of the bread with soda-lime, and an estimation of the amount of ammonia produced, by means of standard solutions. For the detection of the alum, about five hundred graine of bread were incinerated. To the resulting ash, weighing generally about six or seven grains, two or three drops of chlorhydric acid, with a few drops of water, were added. After a short ebullition, an *excess* of solution of potash, usually amounting altogether to five or six drops, was added. The filtrate was then acidified with chlorhydric acid, and slightly supersaturated with ammonia, whereby the alum was precipitated. The potash had been purified by solution in alcohol, prior to its solution in water. From an ounce of its aqueous solution, a trace of alumina could be precipitated, but the quantities of solution used in the above experiments gave no indication whatever of impurity. The advantages of the above-described process are, that the quantity of the reagents is reduced to a minimum, and that the whole of the alumina existing in 500 grains of of bread is concentrated in less than a drachm of liquid. Aqueous infusions in each of the alumed breads, had markedly acid reactions, probably from bisulphate of potash, and yielded considerable precipitates of sulphate of baryta. For the detection of the copper, about 500 grains of bread were incinerated to a white ash. This was treated with chlorhydric acid in a small platinum capsule, and then an electrolytic action established by the introdnction of a piece of zinc, so as to touch the platinum through the liquid. The metallic deposit on the platinum when treated with a drop of ammonia, yielded a blue liquid, which, after neutralization, gave a decided chocolate-colored precipitate with ferrocyanide of potassium. The metallic deposit, the blue solution, and the red precipitate were obtained in each case.

Addendum.—Since writing the above article, I have again obtained bread from five out of the seven bakers whose loaves previously yielded me copper, and in each instance have again detected the impurity. —*London Lancet.*

REVIEWS AND NOTICES OF BOOKS.

FROM THE LONDON LANCET.

Clinical Lectures on the Diseases of Women and Children. By Gunning S. Bedford, A. M., M. D., Professor of Obstetrics, the Diseases of Women and Children, and Clinical Midwifery, in the University of New York. Fourth Edition, carefully revised and enlarged. New York: 1856. pp. 602.

When four editions of a work of above 600 pages are required within a period of fifteen months, ample proof is at once given that value of some considerable amount must attach to such publication. It is true reputation may be but of ephemeral character, high as it rises for the time being, and fifteen months in themselves constitute but a narrow foundation for a basis of permanent popularity. But a careful perusal of Dr. Bedford's work, has led us to believe its value will continue to be acknowledged, and himself to be recognized as a most able teacher and acute practitioner of medicine. The book before us is, in some respects, unlike any other we are acquainted with, though a near approach is made to some of the writings of the senior Dr. Meigs. It consists of a series (xxxi.) of clinical lectures, each lecture composed of practical remarks on, and illustrations of, different diseases, cases of which have, on certain days, presented themselves at the "*New York Obstetric Clinic*," before Dr. Bedford and his pupils. This "clinic" was founded by the author, in 1850; since which time more than 8000 cases of disease have come befor the "class," the present volume exhibiting a general but unsystematic exposition of the doctrines and practice there inculcated and followed. Dr. Bedford's treatise is of the most practical character; everything is made to tend toward the relief and treatment of disorders, and, at the same time, remarkable acuteness is shown in quickly arriving at a good diagnosis. To go at once to the point, it may be said to be the pervading characteristic of the teaching of the author. His pretensions constitute most admirable reading for students, and it is in relation to the latter that we deem the chief value of the work before us to lie. Practical hints of great utility can, no doubt, be gleaned from it by practitioners of experience, but it is rather as a clinical text-book and guide for the student that its popularity must be explained. With the praise we must mix some censure for the style in which many of the lectures have been delivered. But we would, in concluding our notice of it, cordially recommend it to all practitioners generally, and to the senior student of medicine in particular.

The Constitution of Women, as illustrated by Abdominal Cellulitis, or Inflammation of the Cellular Membrane of the Abdomen and Pelvis, By Charles Bell, M. D., F. R. C. P. Edin. Edinburgh: Sutherland and Knox. London: Simpkin, Marshall, & Co. pp. 44.

Any one who has ever indulged in the sentimental habit of star-gazing on summer nights, will doubtless have cogitated upon the "whither" and "whence" of shooting stars. Such an one, too, will have duly admired these beautiful meteors. "Splendidior vitro," and probably cudgeled his cerebral convolutions to produce fourteen lines of madness upon the aforesaid phenomena. Now, Dr. Bell's essay bears a very striking resemblance to a shooting-star, not in the matter of brilliancy, but in respect of the wonderful obscurity which envelops its "whither" and its "whence." In plain English, we cannot discover the starting point of the argument, nor exactly what the argument is, nor to what conclusion the author desires it shall tend. We have, moreover, pondered over the title of the essay, and have failed to discover any real or essential relation between "Abdominal Cellulitis" and the "Constitution of Women," or to see how the latter can be illustrated by the former. If there were anything sexual in the nature of cellulitis in the female, we could understand the title; but seeing that inflammation, exudation, and suppuration, are of the same nature in one sex as the other, the first part of the title of the essay is quite irrelevant to the remainder. That women are more liable to abdominal and pelvic cellulitis than men, is not dependent upon their sex *per se*, but upon the incidental violence and conditions, which their sex and habits subject them to. A work on fractured bones might just as well be entitled "The Constitution of Men, as illustrated by Fractures of the Skeleton;" because, forsooth, men are more liable to broken bones than women. Dr. Bell may say, "What's in a name?" But we beg to assure him that a name is of great importance, and that a glaring absurdity upon a title page is the surest way to keep a book unread.

The first page of Dr. Bell's *brochure* informs us that—

"The phlegmonous inflammation which affects the interstitial or cellular substance of the abdomen has been entirely overlooked as a distinct disease by all our systematic authors on midwifery and the diseases of females; and almost the only information we have regarding it in this country, previous to Dr. Doherty's valuable paper on "Chronic Inflammation of the Uterine Appendages," is contained in some isolated cases, widely scattered through our periodical publications, and works on midwifery, in which it is described under as many denominations nearly as there are authors."

In illustration of this sweeping assertion, our author quotes no less than twenty-seven persons who have written on the subject, eleven of whom, being countrymen of our own, reported between them *fifteen* cases, besides *several* by Dr. Seymour, and *several* by Sir Charles Clarke; while "Astruc," says Dr. Bell, "entered *fully* into the consideration of abscesses connected with the womb, and described their symptoms *minutely*." This want of harmony between the exordium and the next fourteen pages of the pamphlet is very singular. It certainly is very difficult for some persons to begin a composition; but however terrific may be the throes of a laboring author, we humbly conceive that it is hardly excusable to make a sweeping assertion *li mine*, and then studiously endeavor to confute it in the following third of the work. It appears to us, too, that Dr. Bell has betrayed an unnecessary amount of grief that authors should have bestowed such a variety of names upon the disease in question; a little consideration will show, that various as have been the exact names given, they have, in the main, only been variations of a correct generic conception of the pathology of the affection. That the disease was an inflammation, or an abscess, or a "depot laiteux," or an "engorgement laiteux," is a matter of very little moment, for the nomenclature would naturally be determined by the prevailing theories of the day. The important point is, did former authorities know the disease, have they described it with as much accuracy as could be expected, and did they know how to treat it? Our answer is, Yes. They knew far more about the matter than Dr. Bell imagines. Let any one read the first fourteen pages of his pamphlet, and we will guarantee him a very tolerable knowledge of the pathology and history of the disease. And yet we are told that it had been "entirely overlooked" until Dr. Doherty's time.

After having depreciatied the ante-Dohertian writers by his exordium, and subsequently confuted himself most successfully, Dr. Bell proceeds to notice later authorities. After Dr. Doherty, Dr. Churchhill is the first whom he honors with a remark. Then Prof. Simpson is accused of having "added nothing to our information with regard to the symptoms and character of the disease, while he seems desirous to claim the merit of having first pointed out that this disease is liable to form several species of deep pelvic fistulæ," and is broadly hinted to have cribbed his ideas from Puzos and Levret. Dr. Lever is next disposed of as follows: "He"—i.e., Dr. Lever—"advocates the opinion of its being a chronic disease, which occurs sufficiently often to attract the attention of the accoucheur; but it is very remarkable that the cases which he reports, and on which this opinion seems founded, do not justify such a conclusion, as they are neither chronic in their symptoms nor duration. But of this subject we shall say more in a subsequent part of this paper." In spite of this flourish, however, Dr. Bell preserves a most judicious silence about the duration of the cases, and tries to pin his readers down to a definition of what a chronic abscess is, winding up his observations thereanent by a melancholy platitude about careful diagnostics. We have taken the trouble to tabulate Dr. Lever's cases, and Dr. Bell's also.

DR. LEVER.		DR. BELL.	
CASE.		CASE.	
I.	Several weeks	I.	17 to 18 weeks.
II.	Not apparent.	II.	6 weeks.
III.	3 weeks.	III.	6 or 8 weeks, at least.
IV.	11 weeks.	IV.	5 to 6 weeks.
V.	5 weeks.	V.	6 weeks.
VI.	5 weeks.	VI.	4 weeks.
VII.	8 weeks.		
VIII.	13 weeks.		
IX.	13 weeks.		

Average duration, from first symptoms of inflammation or application of presumed exciting cause of inflammation, to suppuration or inflammation—

In Dr. Lever's cases,	8 weeks.
In Dr. Bell's cases,	7½ weeks.

So much for Dr. Bell's deduction as to acuteness in point of duration, and his attack upon Dr. Lever's accuracy. Our author goes on to say again that cellulitis generally does not occur in the kind of subjects who would be likely to have chronic or cold abscess. Let us look at his own cases:—1. Is not spoken of as regards constitution. 2. Had been exhausted by her confinement, and a mammary abscess. 3. Was "very pale and emaciated." 4. Had a "painful and tedious labor." 5. Was "of delicate and strumous constitution;'" and, 6, was a pauper, who had been delivered of an illegitimate child by a bungling midwife. Thus, in every case where the general condition of the patient is referred to, the statement of the author is diametrically opposed to the conclusion he draws. He ascends to a general law by the curious method of ignoring his particular instances. On referring to

Dr. Lever's cases, we find that No. 1 occurred after puerperal fever. No. 4 was a strumous-looking woman who had a lingering labor; 7, was a strumous subject; 8, died of phthisis a few months after delivery; and 9, had been debilitated by diarrhœa and two previous miscarriages. Thus five out of nine were eminently predisposed to chronic or subacute abscess. On the whole, we are inclined to think that Dr. Bell did not read Dr. Lever's cases at all, and that he forgot all about his own before writing the first part of his own paper. Dr. Priestley's elaborate description of the pelvic fasciæ is dismissed as if it were beside the question,

The cases reported are in themselves very interesting, and they are not badly described ; but there is a great want of cohesion in the essay itself. The style is meagre, and the punctuation is inexcusably defective. The most redeeming features about the pamphlet are the evident interest the author takes in the subject, and the careful industry with which he has collated his authorities.

LET IN THE SUN LIGHT.

Who, that has ever entered a modern New York parlor, with its gaudy curtains and vulgar gilt capitals; who that remembers with childish joy, the sun-light as it glanced back to his delighted eye the colors of the flying bird; who that has mournfully looked on his declining ray as it lighted up a mother's grave with hope of a future life, but has felt the sickening falseness of this miserable condition which we call fashion? Every living creature, except the eyeless fish of the great caves, instinctively seeks the light. Physiologists have proved that it is not only the moral influence of sun-light that preserves us in health, but its positive loss from the blood which develops tubercles in the lungs of cellar-imprisoned rabbits, and in parrots, cats, and other animals. Even the potato stretches forth its sickly and watery shoots toward the earth-burrowed window, to catch a ray of the great life-giver; arrived at its health-giving power, its juices thicken; it assumes its natural color; and even while its source is dying of wasting vegetable scrofula, its leaves spread forth and ask of nature, and nature's God to save them from decay.

It was remarked by a late distinguished European surgeon, that during an attendance of forty years upon one of those God-insulting abominations—a convent—situated in a very dark and gloomy precinct of London, no less than three successive corps of the inferior officers died off with tubercular consumption! The superiors, whose duties called them abroad continually, lived! And again, four bookkeepers in a large city banking house, looking north, and surrounded on all other sides with brick walls, died during the same interval, of the same disease! We are now witnessing the revival of a young lady, whose constitution had been seriously impaired by the confinement, bad air, and worse diet, of a Southern convent. The little orphans, as they convulsively run past my window in their rounds of the block once a day, chill my very soul with their corpse-like, lymphatic countenances; they are scrofulous to a child. So are all the children of parents who live in cellars; while most of those in the country often living on the worst and coarsest food, are healthy and lithe-limbed. What is this dying picture, then, that appeals every moment to the gaze?—*Scalpel*

SIXTH ANNUAL MEETING OF THE MIDDLE STATES REFORMED MEDICAL SOCIETY.

The meeting was called to order at 3 o'clock, P. M., by the President, Dr. John Rose. Dr. P. John not being able to attend, Dr. H. Hollemback was appointed Secretary, *pro tem.*

The minutes of last meeting were read and adopted.

The election of new members being in order, Drs. R. W. Appleton, Abia C. John, Marshall Calkins, of Pennsylvania; J. M. Ross, of Virginia, and W. D. Hamilton, of Delaware, were nominated, appeared before the Board of Censors, who made a favorable report, when the candidates were elected members of the Association.

The Treasurer reported $10.10 on hand, which report was laid over until the next yearly meeting.

On motion a committee of three was appointed to nominate officers for the ensuing year, viz: Drs. A. C. Haines, J. L. Wallace and F. A. Cutter.

The Committee reported the following names as permanent officers for the coming year, which were unanimously adopted.

President—John Rose, M. D , Md.

Vice Presidents—F. A. Cutter, M. D., N. J.; J. L. Wallace, M. D., Del.; P. John, M. D., Pa.; S. J. Watson, M. D., Va.; W. H. Tarr, M. D., Md.

Secretary — Marshall Calkins, M. D., Philadelphia.

Cor. Secretary—H. Hollemback, M. D., Burlington, N. J.

Treasurer—J. Simms, M. D., Del.

Censors—Jos. Thorn, M. D., Pa.; W. J. Williams, M. D., Md.; A. C. Haines, M.D., N. Jersey.

On motion, adjourned to meet at 9 o'clock to-morrow morning.

WEDNESDAY, 9 A. M.—President in the chair, and called the meeting to order.

Minutes of the last session read and adopted.

Reports of Committees of last year were called for.

Dr. Hollemback, Chairman of the Committee to consider a plan for publishing a Phamacopea on Reform Practice, reported that no definite proposition had been agreed upon, and that in his opinion it is a subject which must depend upon individual enterprise.

Dr. Sites made a report on uterine hemorrhage, and with suitable specimens before him, both delighted and instructed the meeting on this subject, in his clear, peculiar and forcible style. By acclamation he received a vote of thanks.

Dr. F A. Cutter, of New Jersey, reported the results of his practice for one year, which does credit to himself, and honor to the profession.

[The report presented by Dr. Cutter, shows the number of cases treated by him during the last year, to have been 286. Cures, 267; benefited, 12; lost, 7.

On motion of Dr. Haines it was

Resolved, That hereafter any member be at liberty to make observations on the various reports after their delivery.

Dr. Homer, of Philadelphia, was nominated, and appeared before the Board of Censors, who reported favorably, when he was elected a member of the Association.

The various bills for current expenses of the Association were presented, and ordered paid.

The association appointed the following named gentlemen to make reports at the next annual meeting:

Dr. John Rose, on Insanity.
" A. C. Haines, Diseases of the Skin.
" Marshall Calkins, " of the Lungs.
" Jos. Sites, Dysmenorrhœa.
" Homer, Cancer.
" J. McManus, Scarlatina.

In accordance with the Constitution, by a two-third vote, it was on motion,

Resolved, That, hereafter no member shall be required to pay more than one year of past arrearages for yearly dues to the Association.

On motion the meeting adjourned to meet at the Hall of the Eclectic Medical College, on the first Tuesday of June next, at 2 o'clock in the afternoon.

H. HOLLEMBACK, M. D.,
Secretary, pro tem.

—*Mid. States Med. Ref.*

EXERCISE.—Throughout all nature, want of motion indicates weakness, corruption, inanition, and death. An illustrious physician has said, "I know not which is most necessary to the support of the human frame, *food* or *motion*." Abundantly satisfied are we, that were the exercise of the body attended to in a corresponding degree with that of the mind, men of great learning would be more healthy and vigorous, of more generous talents, of ample practical knowledge, more happy in their domestic lives, more enterprising, and more attached to their duties as men.

Part 3.--Editorial.

PNEUMONIA.

We invite the especial attention of our readers to the article upon the above disease in this number, by J. Turrentine, M.D. It is one of the most argumentative articles, based upon actual facts, ever written upon pneumonia, and fully refutes every argument in favor of bleeding, and other heroic appliances, in its treatment. We hope this article will be read and studied well by every reader of the Journal. The author has contributed several articles of great value to the profession, all of which have been extensively copied.

IS THE CAUSE PROGRESSING?

This question is frequently asked: Is the cause of medical reform progressing? Every indication at this time is favorable. We have often referred to this matter, and will now transfer to our pages the following article from the pen of one of the warm friends of medical reform, Paleman John, M. D., editor of the Middle States Medical Reformer. The article is from the June number of that Journal.

"STILL MOVING ON.—The signs of the times show evident change in the minds of medical men. The increased desire for investigation manifested; the willingness to read the Works and the Journals of our School; and the disposition shown to test our reliable remedies in practice—all indicate a better day a dawning. Grim and hoary Error may stalk abroad, defying the monitions of Truth, but when openly encountered in the highway, and confronted in open day, it has ever proved coward and skulked away vanquished and beaten.

"Truth, in its radiant advances, dispels the mystic gloom enshrouding the various departments of Science; it removes the proneness to leave things "fixed;" it rouses up the easy indifference which enfeebles resistance to the encroahment of Wrong; it overturns the false conservatism which obsequiously caters to the whims and caprices of a fastidious and depraved sentiment; and it inspires energetic action in behalf of what *true human interests* demand.

"And it is well for humanity that it is so; well that there is a saving element, the tendency of which is to work out the redemption of the race from the mental and physical thraldom by which the false customs and usages of society have enchained it; for without it, Man, the great workmanship of the Creator, would totally wreck. Though long slumbering in latent apathy, these elements of mental and physical progress are being most clearly evolved, and in proportion as they are developed they so remodel the institutions of our great social fabric as to harmonize with the grand principles of Science. They level down the rough deformities, they remove the jarring discords, and make all concord with the demonstrable revealings of Reason and of Truth.

"And as the Medical Reformer—he that is laboring for a rational *re*-formation of the Medical Church—is true to his great and noble mission, and judiciously performs his part in removing the obstructions to the expansion and free play of these right working elements, he will be able to realize a sure and wholesome change, not only in the minds of the people, but in the *medical mind* of the country going on, leading to a condition that will leave the false, the worn out, the old, for the adoption of the new, the positive, the *truthful*. In the very nature of things—it is truth's eternal law—this must, this *will* be so. But prepare the way—set the proper elements to work—and like the leaven of old, they will silently but surely produce the salutary changes we all so covet and desire.

"Take courage, then, co-workers in the cause of Medical Progress and Reform,—

our efforts are not futile—our labors are not in vain. The clouds of superstition which have so long hung over the medical horizon are vanishing away, and the old fogy bands of antiquated dogmas are breaking asunder. Investigation, thought, and an independent inquiry in reference to the principles regulating the practice of medicine, and the sublime and beautiful laws governing the human organism in all its manifold relations, are becoming the characteristics of this age, and the truthful pen of the historian is recording the fact that all this has grown out of the self-sacrificing labors of the faithful band that have been leading the vanguard of MEDICAL REFORM."

We also copy the following synopsis of Prof. Sites' remarks to the graduating class of the Eclectic Medical College of Pennsylvania; coming, as it does, from an able Reformer, who is one of the Faculty of that school.

"Prof. Sites delivered a very excellent and impressive address, alluding to the opposition with which every discovery or invention meets from the conservative part of the community. As it was with Galileo and Harvey, so it is with those who, in this age, endeavor to reform and improve the healing art. But the Eclectic practice has overcome, not by the influence of wealth, nor high-sounding titles, but by its intrinsic merits, by its success in the removal of disease. In no case has there been more effort made to prevent the influence of progress, than in the Medical Profession, and those who have adhered close to the principles of science and reason, regardless of creeds, and have discovered valuable remedies, should be honored and respected. It was the opinion of the learned Dr. Rush, that remedies would, in the future be discovered, sufficiently potent to remove those diseases which cause premature death. He had a prospective view of a future Reform, that, in its progress, should correct the evils of medical theories, as then taught and practised. And the time is not far distant when the use of mercury, antimony, and arsenic, will be known only in history, when the remedies discovered by American Reformers, shall be in universal use, in the profession, because of their greater safety and efficacy in the removal of disease. Science is progressing. Every month adds something new and valuable to the remedies which the physician should use. You have open before you the three kingdoms of nature; from these you can select those agencies which are best calculated to remove disease without endangering the safety of health from the use of medicine.

You are to use water, pure air, the vegetables beneath your feet—and those mineral substances which enter into the elements of the organism of health—all these are to be the means with which you may remove disease.

The teachings you have received, will not be sufficient to make you eminent in your profession, without industry, and persevering study, and good moral character. These *latter* you must possess in order to triumph. You must yourselves discriminate, you must refer to the text books, and above all you must *reason* and think for yourselves; selecting the good, and casting the bad away. When you enter upon practice, you will be asked how you differ from physicians of the Allopathic, or conservative class. You differ in having safer and more efficient and concentrated remedies, consisting of the alkaloids and resinoids of our indigenous plants, numbering more than seventy articles whose properties and uses are unknown to the majority of the profession. Upon these you will safely depend for that success which will form another distinct characteristic between yourselves and others. You differ in your ideas of disease, and the general principles of treatment. Instead of destroying the blood by *mercury*, and removing it by blood-letting, instead of producing *one disease* by medicine, to cure the existing affection, you have been taught by Eclecticism to open the secreting organs, to remove the poison from the blood through those natural channels through which the system in health expels disease, without causing by your treatment, by calomel, arsenic, and antimony, worse affections than those you wish to cure by medication. You differ from others in not adopting any *hobby* as your guide,—in not assuming any theory to be your unerring director, or leader in the prescription of medicine; but you are to study all systems, Homœpathy, Allopathy, and Hydropathy, and from all select those means which act most in harmony with the laws of life as taught in the sciences of physiology and pathology. Instead of looking to European sectarian Colleges for rules and remedies, you are to look to the products of our own soil—our own indigenous Materia Medica. The Eclectic Practice is the American Practice, and is the protest of common sense, experience, and science, against the dogmatic rules, and poisonous mineral practice instituted by the father of all quacks, Paracelsus, and his more immediate followers. The value of this system is already impressed upon the people, and its triumph is as sure as the resistless march of Western civilization, and though you may be discouraged by toil, yet you will be encouraged by the attainment of success, and the consciousness of having relieved the ills of humanity, But recollect, as you go forth from these halls, that your reputation and that of this institution will be reciprocal. You will be proud to see us prosper, and we shall feel cheered and encouraged when we hear of your success. In conclusion, may your future be as triumphant as your present is auspicious; and now, in behalf of the Faculty of this institution, I bid you *farewell.*"

NATIONAL ECLECTIC MEDICAL ASSOCIATION.

The regular annual meeting of this body was held on the 17th and 18th of June, in this city, in the hall of the Eclectic Medical Institute. A synopsis of the proceedings will appear in the next number of the Journal. The meeting was very interesting, and passed off pleasantly.

POISONING.

A fatal mistake has occurred at Providence, R. I., in giving a dose of medicine. Mrs. Brown administered Croton oil to her infant, from a vial which she supposed to contain castor oil. Medical assistance was immediately procured, but it was of no avail.

A similar mistake occurred a few days since in Cincinnati. Mrs. Henderson swallowed a preparation of oxalic acid, for a dose of salts, producing almost instant death.

Until some rigid regulations are adopted and enforced, by the legal authorities, designating peculiar kinds of bottles in which all poisons shall be kept, and requiring a distinct label thereon, such mournful accidents will continue to occur.

LIBRARY OF THE E. M. INSTITUTE.

We hereby tender the thanks of the Faculty of the Eclectic Medical Institute to L. W. Linn, M. D., of Louisiana, for a set of the Cyclopœdia of Practical Medicine, presented by him to the library, during his recent visit to this city. The Doctor is one of those individuals who takes the liberty of thinking and acting for himself on all subjects, and we have been much gratified by the interviews we have enjoyed with him, during his stay here. He has our best wishes for his future happiness and success.

INDIANA STATE ECLECTIC MEDICAL CONVENTION.

It gives us much pleasure to be able to state that the Eclectic practitioners in the State of Indiana, determined to hold a State Convention in the City of Indianapolis, on Tuesday, the 30th of June, at 2 o'clock P. M. Several of the Faculty of the E. M. Institute expected to be present. A report of the proceedings will appear in our next number.

BOOK NOTICE.

How to Behave; a Pocket Manual of Republican Etiquette and Guide to correct Personal Habits. Embracing an exposition of the principles of good manners; useful hints on the care of the person, eating, drinking, exercise, habits, dress, self-culture, and behaviour at home: the etiquette of salutations, introductions, receptions, visits, dinners, evening parties, conversation, letters, presents, weddings, funerals, the street, the church, places of amusement, traveling, etc., with illustrative anecdotes, a chapter on love and courtship, and rules of order for debating societies. Price, post-paid, paper, 30c., muslin, 50c., New York: Fowler & Wells, 308 Broadway.

This is an honest and earnest little book, designed to aid the young people of our great republic in becoming true American ladies and gentlemen. The author seems to desire to make his readers something better than mere imitators of foreign manners, often based on social conditions radically different from our own—something better than imitators of *any* manners, in fact, and has dwelt at greater length, and with far more emphasis, upon general principles than upon special observances, though the latter have their place in the work. It seems to have been his first object to impress upon their minds the fact, that good manners and good morals rest upon the same basis, and that justice and benevolence can no more be satisfied without the one than without the other.

The work is essentially different from any other manual of etiquette, and will aid, we hope, in building up a truly American and republican school of politeness.

SYME'S SURGERY.

The demand for this work has exceeded that of any other medical book published in this city. In preparing the work, we had in view the great demand for some such work, that could be relied upon for a text-book, and which would fully represent both systems of surgical practice; and now it is for the profession to say whether we have accomplished this or not.

ECLECTIC MEDICAL INSTITUTE.

The regular announcement of this college for the fall session, will appear in the August number of the Journal. The prospect for one of the very largest classes ever assembled, is at this time very flattering. The friends of the college in every part of the country are continually sending the most encouraging letters, showing a fixed determinatien to sustain their old *alma mater*. To the profession we look for a hearty co-operation in the glorious cause of medical reform. The Faculty of the college is full in every particular, and are all on hand to take hold in the very beginning. At this time no medical college in the West enjoys superior advantages, or a more willing and determined Faculty.

CONCENTRATED REMEDIES.

The amount of these medicines now manufactured, sold and used in this country, is so large that nothing but a full statistical statement could induce persons not acquainted with the subject to believe it possible. We know of manufacturers whose stock of crude material is worth over thirty thousand dollars. This made into concentrated medicines, supplies phywith agents not equaled by any other in the whole range of the materia medica.

THE PROCEEDINGS OF MEDICAL SOCIETIES.

Hereafter our Journal will contain a synopsis of the proceedings of all reform Medical Societies in the United States, so far as we can obtain them.

MEDICAL STUDENTS.

A few more can be accommodated with office facilities, at Newton's Clinic, until the opening of the fall session. Every advantage which a student desires can be realized here, and at a moderate expense.

THE

ECLECTIC MEDICAL JOURNAL.

FIFTH SERIES, VOLUME I. AUGUST, 1857. NUMBER 8.

Part 1—Original Communications.

ECLECTIC MEDICAL INSTITUTE.

THIRTEENTH ANNUAL ANNOUNCEMENT.

This institution was chartered in 1845, and still continues to be the firm advocate of medical reform. It is confidently believed that no institution in the United States gives a more thorough and satisfactory course of medical instruction, embracing as it does in the liberal spirit of Eclecticism, all of much value that belongs to any of the existing systems of medicine, and presenting much that is taught in no other medical college. The peculiar knowledge imparted in this institution is not the result of mere compilation from European authors, nor is it the result of a passion for theory and speculation; it is the result of original, accurate, and extensive observation, of zealous experimental researches, and of successful discoveries. The members of this Faculty speak not in the tame and doubtful manner of the mere bookworm. They are little disposed to be the mere passive instruments for the utterance of the opinions of others. They speak with certainty and precision of that which they positively know, and thus their instructions carry with them a vitality and force which cannot be gathered from books, or from the instructions of the mere compiler. They aim to educate a superior class of practitioners, and they impart freely those methods of practice which they and their former students have amply tested during the last twenty-five years. The merit of these superior methods is annually displayed by the speedier relief which they afford in the ordinary diseases of the country, and by their singular success in cases esteemed incurable. To build up the constitution of the feeble, to prefer a safe and sanative medication, to harsh, dangerous, and morbific treatment, and when possible, to substitute constitutional treatment for surgical operations, should constitute the highest honor of the medical practitioner; and such are the characteristic features of the practice which has been introduced by its professors, and which they are now prepared to teach in an effectual manner.

They refer with pride and confidence to the practitioners whom they have heretofore instructed, and as their plan of operations and facilities are annually enlarged, they do not fear to refer to the future graduates of the Institute, as practical demonstrators of the value of their instructions, and to declare that they hold themselves responsible for the rational and successful treatment of disease by the *alumni* of this institution.

What they have accomplished thus far, in the way of sending forth well qualified practitioners, by their instructions, has been accomplished wholly by their individual exertions, unaided by governmental patronage. They have entered upon the field of exertion for medical honor, with no stronger support than that which they have derived from their earnest conviction of the immense value of the peculiar knowledge which they impart; from their strong confidence in the public intelligence and discrimination; from the sympathy of numerous friends of medical improvement, and from their immovable resolution to accomplish the great undertaking of effecting a reformation in medical science, in which undertaking they believe are involved immense consequences to the health and happiness of mankind.

The professors who now constitute this Faculty are amply qualified to sustain the high character which the Institute already bears among those who have a personal knowledge of its style of instruction.

FACULTY.

J. MILTON SANDERS, M.D., LL.D.,
PROFESSOR OF CHEMISTRY, PHARMACY, AND TOXICOLOGY.

L. E. JONES, M. D., LL. B.,
PROFESSOR OF MATERIA MEDICA, THERAPEUTICS, AND MEDICAL BOTANY.

W. BYRD POWELL, M. D.,
EMERITUS PROFESSOR OF CEREBRAL PHYSIOLOGY.

G. W. L. BICKLEY, M. D.,
PROFESSOR OF PHYSIOLOGY, INSTITUTES OF MEDICINE, AND MEDICAL JURISPRUDENCE.

Z. FREEMAN, M. D.,
PROFESSOR OF THEORY AND PRACTICE OF MEDICINE, AND PATHOLOGY.

R. S. NEWTON, M. D.,
PROFESSOR OF SURGERY AND SURGICAL PRACTICE.

J. M. SCUDDER, M. D.,
PROFESSOR OF GENERAL, SPECIAL, AND PATHOLOGICAL ANATOMY.

A. H. BALDRIDGE, M. D.,
PROFESSOR OF OBSTETRICS AND THE DISEASES OF WOMEN AND CHILDREN.

EDWIN FREEMAN, M. D.,
DEMONSTRATOR OF ANATOMY.

CLINIC.

Z. FREEMAN, M. D.,
LECTURER ON CLINICAL MEDICINE.

R. S. NEWTON, M. D.
LECTURER ON CLINICAL SURGERY.

The thirteenth Winter Session of the Eclectic Medical Institute will commence on Monday, October 12, 1857, and continue sixteen weeks, in the college edifice, corner of Court and Plum streets, Cincinnati. Gratuitous preliminary lectures will be delivered from the first to the 12th of October, and the dissecting rooms will be open at this time.

The Spring Session will commenec immediately after the close of the Winter Session.

Expenses, etc.—The College fees are as follows: Matriculation, $5; tuition, $20; Clinic fees, $5; Graduation, $25; Demonstrator's Ticket (optional), $5. Boarding, $2.50 to $3.00 per week. All are required to engage in dissections before graduation.

The requisites for graduation are a good moral character and three years medical study, during which time at least two full courses of medical lectures must be attended, one of which must have been in the Institute.

Text Books.—The Text Books recommended are as follows:

Chemistry—Gregory, Fownes, Gardner, Turner.

Anatomy—Wilson, Harrison, Sharpey and Quain.

Physiology—Kirkes & Paget, Dunglison, Carpenter, Draper.

Materia Medica—Wood, Kost, Beck, Pereira, Beach.

Botany—Griffith, Bickley.

Practice—Newton & Powell, Jones & Morrow, Massie, Wood, Watson.

Pathology—Williams, Simon.

Surgery—Syme, Hill, Erichsen.

Obstetrics—Meigs, Ramsbotham, Beach, Simpson.

For further information, address

R. S. NEWTON, M. D.,
90 *Seventh st., Cincinnati.*

GRADUATES OF THE WINTER SESSION OF 1856-7.

NAMES.	RESIDENCE.
Jerome Napoleon Bettes,	Canada West
Marquis Larome Bass,	Indiana
Brice Martin Cayce,	Tennessee
Andrew Jackson Compton,	Ohio
John Wesley Crook,	Indiana
William Cook,	Kentucky
John Craig,	Indiana

William Innes Duling,	Mississippi
Dixon Lewis Davis,	South Carolina
Abraham Harrison Depuy,	Indiana
Richard Henry Deener,	Tennessee
William Gore Elder,	Missouri
William Sidney Fish,	Indiana
Harris Fisher,	Georgia
George Henry Fuller,	N. Hampshire
Ralph Barmore Griswold,	Connecticut
Rolland Thompson Hart,	Mississippi
John Spooner Hale,	Maine
Lorenzo Dow Jared,	Illinois
Clement Thomas Kirk,	Mississippi
William Sumpter Milam,	Georgia
Edith L. Owen,	Mississippi
John W. Parish,	Indiana
George W. Picking,	Ohio
Benjamin Franklin Payne,	Ohio
Henry H. Perry,	Indiana
Cornelius Dalford Rice,	Ohio
Hiram Leslie Smith,	Ohio
William Washington Smith,	Virginia
Levi Durham Satterfield,	Kentucky
William Bradley Squire,	Indiana
Isaac Spangler,	Virginia
John Steelman,	Ohio
William Shipp,	Alabama
Romulus Coe Sprague,	Illinois
George Wash'ton Williford,	Illinois
John Washington Steele,	Tennessee
Charles Hall Walton,	Kentucky
Lewis H. Weatherby,	Ohio
Isaac Kessling,	Ohio
Wesley Smizer,	Ohio
Austin B. Wescott,	New York

Honorary Degree.

Henry Suffrens Sanders,	California
Sylvester H. Newcomb,	Ohio
James A. Todd,	South Car'lina
I. J. M. Goss,	Georgia,
Charles K. Brown,	New York

GRADUATES OF SPRING SESSION, 1857.

NAMES.	RESIDENCE.
Joseph Barber,	Illinois.
Azariah Jackson Bucey,	Tennessee.
Branson Bywaters,	Virginia.
William Mack Clover,	Pennsylvania
Orson H. Crandall,	Illinois.
Erasmus Sigvert Dodd,	Michigan.
John H. Fisher,	Michigan.
Francis H. Fisk,	Indiana.
John Milton Fraim,	Tennessee.
Herod Dailey Garrison,	Ohio.
William Huston Kendrick,	Indiana.
Joseph Alexander Leech,	Mississippi.
Levi Wallastine Linn,	Louisiana.
Joel Loomis,	Michigan.
Daniel Webster McCarthy,	Ohio.
Nehemiah Reed McGaughey,	Mississippi.
William M. Naudain,	Louisiana.
Willis Virgil Pratt,	Kentucky.
William Fellers Spivey,	Texas.
George Washington Stahl,	Mississippi.
John Michael Sucese,	Pennsylvania
Richard Croel Tillery,	Tennessee.
Charles Phelps Wells,	Michigan.

Honorary Degree.

Robert L. Anderson,	Indiana.
Thomas G. Benson,	Missouri.
Peter W. Dupree,	Tennessee.
Benoni O. Hattox,	Georgia.
Mordecai B. Mobly,	Indiana.
William P. Orndorff,	Kentucky.
Tabor C. Thorp,	Ohio.

OPHTHALMIA.

BY M. L. BASS, M. D.

Ophthalmia may be regarded as a genus comprising four varieties: 1st, Simple Ophthalmia; 2d, Catarrhal Ophthalmia; 3d, Purulent Ophthalmia; 4th, Strumous Ophthalmia.

1. SIMPLE OPHTHALMIA.—Ophthalmia is the generic term for all inflammatory forms of disease of the eye. This generic form of disease has been subdivided into species depending upon the affected tissue or violence of the disease. The first species is the mildest, and arises from cold, close application to some fixed object, or substances irritating the eye, or exposure to a bright light, or may result from an abnormal state of the system. These are the most common causes. The conjunctiva is a mucous membrane, covering the surface of the eyeball and internal surface of the

lids. This membrane becomes inflamed, and sometimes thickened, having a kind of fungoid appearance, accompanied with vascular excitement, engorged blood-vessels, and more or less extravasated fluid of some kind between it and the sclerotic coat, producing some chemosis. The secretions are morbid, and in the morning the patient complains of a gummy condition of the eyelids and weakness of the eyes, though sight may be but little impaired. Diagnosis is very easy, as this is the lightest form of the disease, and in most cases the morbid symptoms are but slight.

Prognosis is favorable, and where the constitution is good, a recovery is always expected by a proper treatment.

Treatment.—We must rely on general measures. Local treatment is not generally sufficient, as it often only palliates, and permits the disease to pass into the chronic form. The eye is very vascular, and in disease accompanied with an increased action, its functions are abnormally performed, which gives rise to the various phenomena which it presents. When the cause is removed the abnormal condition is easily corrected. The inflammatory condition and nervous irritability must be allayed by anodynes and diaphoretica. A cathartic of leptandrin and podophyllin should be occasionally given, with cooling and relaxing applications to the eyes.

℞ Hydrastis canadensis ℥ij,
Water Oj M.

This is to be kept cool by putting a piece of ice in the infusion. Cloths are to be wet with this, and applied to the eyes every ten or twenty minutes The irritating plaster should be applied to the back of the neck. After the inflammatory symptoms have subsided, apply the mild zinc ointment three times a day. In the mean time, such internal remedies as seem indicated should be judiciously given. The following collyrium is almost a specific:

℞ Salt ʒij,
Sulph. zinc gr. xx,
Water Oss. M.

Boil half an hour, and strain carefully. Put one drop in the eye three times a day.

2. CATARRHAL OPHTHALMIA—Comes from cold which affects the mucous membranes, generally producing abnormal secretions, but seems mostly confined to the eyelids and meiboimus follicles. Symptoms are redness of the surface of the eye, with some pain and dryness (while other forms are characterized by unusual secretion); and this condition is soon followed by unnatural secretion of a mucous character, sometimes yellow, thick and viscid, and is often puriform. The eyes look moist to a bystander, while a prickling and gummy sensation is complained of by the patient. The conjunctiva is not much swelled. There is some effusion of serous fluid into the tissue that connects the mucous membrane with the sclerotic, and in violent inflammation, passes into the purulent or third species. The conjunctiva is of scarlet red color, and when the inflammation is intense, it gradually extends over the eyeball. The blood-vessels are dilated, and pass across the cornea. In the beginning of the disease, there is some intolerance of light, but after it is fully developed there is but little, but a weakness and a peculiar stiffness of the lids, as though there was dust in the eyes; this sensation is produced by the inequality and roughness of the surface, consequent upon irregular distension of the vessels of the inflamed surface, producing mechanical irritation. When the disease is confined to the membrane, it will run a certain course, and then, under favorable influence subside, but if exposed to the exciting cause, or improper treatment, it will continue for weeks, and pass into the chronic form.

Diagnosis.—The dryness of the eye in the beginning of the disease, after which an excessive discharge of mucus, but little intolerance of light, gummy and peculiar stiffness of the lids, slight pain in the eyeball and weakness of the eyes, being prominent symptoms, we are justified in treating it as catarrhal ophthalmia.

Prognosis is very favorable under proper treatment, and a permanent recovery may be expected, as this species consists in a morbid condition of the conjunctiva.

Treatment.—Constitutional and local remedies are indicated; there is more debility in this species than in the first. Tonics, alteratives and diaphoretics should be occasionally used, and in many cases where there is great debility, tinc. of myrrh or tinc of capsicum should be applied to the eyes, and iron, in combination with stimulating tonics, should be used. Alkaline bath should be used daily; stimulating drinks should be avoided, as well as exposure to cold and currents of air. In severe cases the irritating plaster may be used on the back of the neck.

℞	Carbonate of ammonia	gr. j,	
	Camphor	gr. j,	
	Asclepin,	gr. j.	M.

Should be given three times a day. After the catarrhal symptoms have subsided, give the following three times a day:

℞	Prunin	gr. ij,	
	Sanguinarin	gr. j,	
	Podophyllin	gr. ss.	M.

The eyes should be bathed with the following three times a day:

℞	Hydrastin	gr. vj,
	Sulphate of zinc	gr. ix,
	Tinc. aconite	ʒj,
	Water	Oj.

Poultice the eyes at night with ulmus fulva, and the mild zinc ointment may be used with great benefit, after the inflammatory symptoms have subsided. If there are granulations on the eyelids, they should be cut and touched with sesqui-carbonate of potassa.

PURULENT OPHTHALMIA.—This is the most dangerous and difficult to remove of the different species; and in this species we shall treat of three forms, as arising from different causes, and each is liable to go on to suppuration of the eyeball, and the complete destruction of vision.

(*a.*) *Leucorrhœal Ophthalmia.*—This species attacks infants, and makes its appearance a few days after birth; both eyes are affected. The first appearance of the disease is swelling of the lids, finally inability to open the eyes, and a purulent secretion on the eyelids soon makes its appearance. On opening the eyes a yellow, viscid, and purulent discharge follows, and in severe cases, the contents of the eye are discharged. This species is said to arise from leucorrheal or gonorrheal matter coming in contact with the eyes of the infant at birth, and it is well ascertained, that mothers whose infants are thus affected, have had at the time of birth either gonorrhea or leucorrhea. Though this point may not be fully established, yet we are justified in treating it as purulent ophthalmia arising from causes just mentioned.

Diagnosis.—This species may be always known by its attacking infants so soon after birth, and in so severe a form, with the peculiar yellow secretion and redness and swelling of the eyes.

Prognosis is very unfavorable, as the infant's eye is of so delicate a structure, that the inflammation destroys the organ before it can be arrested.

Treatment.—The infant should be medicated through the mother, and such alteratives used as to restore her to a normal condition. The alkaline bath should be used daily, and a mild solution of sulphate of zinc or sesq. carb. potassa injected into the eyes of the infant twice a day; a poultice composed of ulmus fulva and hydrastis canadensis should be applied occasionally; the tincture of capsicum, or tincture of myrrh may be used with advantage.

(*b.*) *Gonorrhœal Ophthalmia.*—This is the second species of purulent ophthalmia. It attacks adults, and affects but one eye generally, though both may be affected, and is either produced by metastasis, or the gonorrheal virus coming in contact with the eye. If always produced by metastasis, both eyes would be affected; but as metastasis is so little understood, we will not discuss the authenticity of the assertion. Diagnosis is easily made, as it generally attacks but one eye, and being of severe character from being produced by a specific poison. The eyes are watery, very painful, and swelled.

Prognosis is unfavorable, as the inflammation goes on to suppuration, and at the best may terminate in opacity, or a regular formed cicatrix.

Treatment.—The same regimen and constitutional remedies should be prescribed as in gonorrhea. The following may be used internally, if gonorrhea exists:

℞	Balsam of fir	℥ij,	
	Balsam of copaiba	℥j,	
	Tincture of Tolu	℥j,	
	Spirits of nitre	℥j,	
	Oil of cubebs	℥ss,	
	Oil of cinnamon	gtt. xxx,	
	Syrup of ginger	f℥iv.	M.

A table spoonful may be given three times a day, and use injections of sulphate of zinc, six grains to the ounce of water; use three times a day until the discharge is stopped. The eyes may be poulticed with the following:

℞	Ulmus fulva	℥iv,
	Hydrastis canadeneis	℥ij,
	Pulv. stramon. leaves	℥j,
	Licorice root	℥ij.

Mix in cold water and apply every four hours, and occasionally substitute the cold infusion of hydrastis canadensis. The eyes should be bathed with a solution of

℞	Sulphate of zinc	gr. vj,	
	Tincture of aconite	ʒij,	
	Water	℥vj.	M.

The irritating plaster should be applied to the back of the neck. An unstimulating diet should be used.

(*c*.) *Purulent Ophthalmia.*—This is the third form of purulent ophthalmia, and third species of ophthalmia; and the difference consists in a higher degree of inflammation. The mucous secretion of catarrhal ophthalmia is changed to a violent purulent secretion, and is characterized by acute lancinating pains in the eyes, and severe pain in the head, great intolerance of light, and often inability to open the eyelids; a constant flow of the secretions from the eyes; the lids are much swollen, the conjunctiva is engorged with pus, and its blood-vessels dilated and extend across the cornea, and the anastamosis of the blood-vessels takes place. The patient is very irritable, and some feverish at night. In most all cases there is constitutional debility, the skin dry and husky, bowels constipated, &c. Nearly all the structures of the eye are involved, and the most alarming results may follow, and often before the inflammation can be arrested, ulceration or opacity of the cornea is the result. Both eyes are affected, one generally more than the other.

This species attacks adults, and the most common causes are exposure to cold, dust, currents of air, close application of the eyes to some object, and constitutional debility. Persons of all ages may have this species of ophthalmia. The severity of the disease is greatly modified by age and condition of the constitution at the time of attack, and this condition has considerable to do with the removal of the disease.

Diagnosis.—No one could mistake this species for other varieties—the purulent secretion and its acrid character, the engorged condition of the conjunctiva, swelled lids, pain very acute, and great intolerance of light.

Prognosis is more favorable than other forms of this species, and in those cases where suppuration or opacity has not followed the inflammation, a cure may be anticipated under proper treatment, but it requires months to restore the eyes to their normal condition.

Treatment.—Allay nervous irritability, and divert the excitement from the eyes by applying the irritating plaster to the back of the neck. Give internally small doses of veratrin or gelsemin, to allay irritability and febrile excitement, or give camphor, carbonate of ammonia, and asclepin, in grain doses of each, three times a day. After the febrile symptoms have subsided, use the following as an alterative:

℞	Iod. potass.	ʒij,	
	Comp. syrup stillingia	℥iv.	M.

Give a teaspoonful three times a day. If there is much debility, substitute tonics in place of the iodide potassium, and use the following poultice:

℞	Ulmus fulva	℥iv,
	Licorice root	℥j,
	Hydrastis canadonsis	℥ij.

Mix in cold water, and apply every four hours. Occasionally use the cold infusion of hydrastis canadensis. After the inflammatory symptoms have subsided, apply the mild zinc ointment three times a day. In the commencement, give an active cathartic of leptandrin and podophyllin, and the bowels should be kept in a soluble condition. The granulations, if any, should be cut, and touched with sesq. carb. potass.; the anastamosing blood-vessels should be cut also.

4. **Strumous Ophthalmia.**—This is the fourth species of ophthalmia. It occurs in those constitutions that are of a scrofulous diathesis, and may come from any cause that may give rise to scrofula, and we are not always able to trace its origin.

Diagnosis.—We are always able to detect this species by the existence of scrofula, which modifies the symptoms that give rise to this species of ophthalmia. Adults are the most liable to it. Children suffering with ophthalmia at the time of weaning, or just after, we are justified in regarding as having strumous ophthalmia. Its occurring in scrofulous constitutions, the appearance of little pustules on the internal surface of the lids, some intolerance of light, and a peculiar redness of the eyelids, well enable us to detect this species from others.

Prognosis is favorable in most all cases under a judicious treatment. We cannot expect to change the constitution, but arrest the further development of scrofula.

Treatment.—If the inflammation is very acute, use a poultice of ulmus fulva and hydrastis canadensis, and bathe the eyes with the following:

℞ Salt ʒij,
Sulph. zinc gr. viij,
Water Oss.

Boil an hour, strain carefully and dress the eyes three times a day; and after the inflammatory symptoms have subsided, apply the mild zinc ointment, and give the following internally:

℞ Iod. potassium ʒiij,
Comp. syrup stillingia ℥iv. M.

A drachm may be given three times a day. Other remedies are often indicated, and may be used with advantage.

Middlesex, Vt., June, 1857.

GLYCERINE IN UTERINE AFFECTIONS.

BY C. H. THOMAS, M. D.

In a recent number of the Eclectic Medical Journal, I find a few thoughts on the use of glycerine in uterine affections. The conclusions, or deductions, however, are not calculated to encourage your readers very much to resort to its use in such affections.

The object of medical statistics, in my opinion, should be to give or report matter of *actual* benefit to the medical practitioner. It is of little importance to me or any one else, for M. Trosseau, Mr. Skey, or any other reporter of statistics, to tell us that glycerine will *not* meet the indications in uterine affections; but when they find something that *will*, we should be glad to hear from them.

In the mean time, however, I will state, for their benefit and others, that glycerine, with the addition of pulv. gum camphor, *will* relieve affections of the cervex uteri, and the mucous membrane of the vagina. In my practice, they give prompt and efficient relief. The camphor causes some smarting, but this the patients are generally willing to bear for the sake of relief. The ladies abominate, above all things else, disease of those parts, and they are willing to do and endure almost any thing for the sake of a healthy uterus and vagina.

℞ Glycerine ℥j,
Pulv. gum camphor gr. v.

Mix and shake until thoroughly incorporated; then saturate a bunch of fine clean cotton, and insert by means of a speculum into the vagina, up to the os tincœ. This wadding should be removed as often as every four to six hours, and freshly applied. In that time it will be found to have become exceedingly fetid and offensive. I continue their use by lengthening the intervals a little (after the first few applications), until the fetor, &c., are removed.

As adjuvants to the above, I usually advise the use of the "mistura ferri composita" (see U. S. Disp.), and an entire abstinence from tea and coffee."

Covington, Ky., May, 1857.

CLINICAL REPORTS.

NEWTON'S CLINICAL INSTITUTE,

SPRING SESSION of 1857.

SERVICES OF PROFS. NEWTON AND FREEMAN.

REPORTED BY PROF. Z. FREEMAN.

CASE 482. Feb. 3.—J. C. B——, æt. 35. Fistula in ano. About six years ago he fell, and bruised the parts in the vicinity of the anus. An abscess formed at that time, which was opened and apparently healed. About two years ago, another abscess developed itself at that location; it was opened and some caustic applied in its cavity. He says that a ligature was also applied, which, in about five weeks, cut the parts through. This is an external, incomplete fistula (does not open into the bowel). Has had a severe and annoying cough for two months. Fistula discharges a profuse purulent secretion.

Treatment.—Filled the fistulous cavity with cotton rolled in sesq. carb. potass.; re-apply every day.

Feb. 6.—Cavity distended, and parts discharging pus freely. Patient has some diarrhea. Omit the cotton and caustic for a few days.

10.—No diarrhea; scarcely any discharge from the fistula; parts granulating. Apply the mild zinc ointment.

17.—Improving. Continue the mild zinc ointment.

20.—Improving; one part of the border of the sore a little indurated. Apply to it sesq. carb. potass., and then continue the mild zinc ointment.

24.—Part healing rapidly. Continue the mild zinc ointment. Discharged.

CASE 483. Feb. 3.—John Murray, æt. 29. Stricture of the urethra. During the last six years he has had much difficulty, accompanied by a scalding sensation, while passing urine. There is tenderness of the urethra about one inch from the meatus urinarius, and also at the prostatic portion. The mucous membrane of the whole length of the urethra seems swollen, and somewhat tender upon the introduction of the catheter; only a small catheter can pass. Has some pain in the loins; general health otherwise rather good; bowels regular.

Treatment.—Introduced a small bougie, which produced some pain and irritation, but this was done for exploring purposes. ℞ Buchu fol., uva ursi, *aa.* ℥j. Add to water Oj; make decoction and drink freely.

Feb. 15.—For two days he voided urine more freely, and a larger bougie could be passed. The irritation of the urethra is less. Continue the treatment.

CASE 484. Feb. 3.—John McArthur, æt. 52. Ulcer on the shin. About three weeks ago, he was thrown from an express wagon, bruising and abrading the shin. Friction of the dress against it keeps the sore irritated, and now it looks purple and swollen, and is quite sensitive to touch.

Treatment. — Apply pulv. zinc sulph. to the sore, and an elm poultice at night. Next day use Mayer's ointment, and continue the ointment daily.

Feb. 12.—Sore nearly healed. Discharged.

CASE 485. Feb. 3.—Harriet McManus, æt. 23. Erysipelas of the eyelids and upper part of the face. Caused by cold and exposure. Parts reddened and swollen; sensation of itching in the face, eyes watery, pain over the eyes, general health rather good.

Treatment.—℞ Comp. syrup stillingia ʒij, syrup sanguinaria ʒiss, ferri phos. ℥j, syrup simplex ʒij. M. Take ℥j three times a day. Apply tinc. ferri. mur. to the lids night and morning. This local application will often remove this disease; but owing to the debility of this patient, we have to use constitutional measures for improvement.

Feb. 12.—Discharged cured of the erysipelas; general health much improved.

CASE 486. Feb. 7.—J. Maloney, æt. 9. Cancrum oris. Has been affected slightly for two weeks with soreness of the inside of the right cheek; also some tenderness and soreness of the gums, resembling scorbutis. Gums and sore upon the cheek bleed easily upon touch. The sore on the inside of the cheek is about one inch in diameter, ragged, of a purple red color, and not painful. General health feeble. Has not been taking any preparation of mercury. Care must be taken to diagnose true cancrum oris from mercurial sore mouth; the former generally commences by sloughing of the inside of the cheek, while the latter commences upon the gums and about the teeth, by loosening the teeth, and from this point it may extend upon the cheek, over the throat, and upon the jaw bones up to the eyes, &c., destroying and disfiguring the face in a horrible manner.

Treatment.—℞ Hydrastin gr. x, prus. iron gr. x, water ℥ij, syrup simplex ℥ij. M. Take a teaspoonful three times a day for the purpose of improving her constitutional vigor. This is a disease of debility, and approximates scorbutis. Apply tinc. ferri mur. with a probang to the sores morning and evening.

Feb, 20.—Parts very much improved, nearly well; general health improved. continue the treatment.

March 4.—Discharged cured.

CASE 487. Feb. 12.—Mrs. Allen. Ovarian dropsy. Was tapped by Prof. Freeman some months ago, as reported in a previous number of this journal. The abdomen seems a little swollen. I fear the dropsy may return. Bowels costive, urine scanty.

Treatment.—As a diuretic, ℞ Eupurpurin ʒj, prussiate iron, gr. xx. M. Make pills xx; take one three times a day. ℞ Comp. powder senna and jalap ʒj; take every night. ℞ Tinc. iodine ʒj, water Oj. M. Apply to the abdomen as a moist dressing under a firm compress constantly.

March 4.—Bowels lax, urine free, tumor much reduced. Continue the moist dressing. Use the cathartic and diuretic as circumstances seem to indicate.

June 1.—Tumor has nearly disappeared, no dropsy; general health apparently excellent.

CASE 488. Feb. 12.—Susan Lively, æt. 57. Ovarian tumor and ascites. Paracentisis abdominis performed by Prof. Freeman, and afterward ovariotomy performed also by Prof. Freeman, with fatal termination. The case is an interesting one, and has been written out in full for the Journal.

CASE 489. Feb. 21.—Margaret McDonald, æt. 8. Scrofula and general debility. Has been feeble one year. Is of sanguine encephalic temperament. Neck small, limbs small, skin sallow, appetite indifferent, frequent nausea, sometimes screams in her sleep; has no cough, tongue slightly coated, and rather red at its anterior portion; cervical lymphatic glands are slightly enlarged. This case requires proper hygienic measures, for if they are neglected, the patient may not improve in health.

Treatment. — Use alkaline bath with friction once a day. ℞ Prussiate iron ʒj, hydrastin ʒss, comp. syrup stillingia ℥iv. M. Give a teaspoonful four times a day. In this case we prescribe the iron to improve the quality of the blood. It is of vital importance to pay proper attention to the skin.

March 13.—Patient much improved; appetite good, bowels regular, no nausea, sleeps quietly, appearance of the tongue improved, lymphatic glands not so much enlarged. The improvement is so evident and decided that we propose continuing the treatment.

April 1.—Discharged cured.

CASE 490. Feb. 24.—Charlotte Hackleman, æt. 7. Anchylosis of the lower jaw. Sanguine bilious temperament. About three years ago, she fell upon her face, and cut her lower lip quite severely. For about three weeks she could scarcely use her lips in eating, and thus declined eating excepting seldom, and in small quantities. Soon her lip healed, and she could chew and eat as well as ever. About six months afterward, her jaws commenced getting stiff, and continuing to keep approximated; but by using a wedge between the teeth of both jaws, her parents managed to keep the jaws apart about one inch. Gradually they closed, and now they are in contact, pressing firmly against each other. They cannot be separated at the time of eating, and her food has to be semi-fluid, or quite soft, and forced between the incisor teeth of both jaws. She can move the jaws upon each other slightly. There is no enlargement of the condyles, or swelling in the vicinity. There is a slightly unnatural tenderness upon pressure over the articulation. The coronoid processes move apparently freely under the zygoma. There seems to be no adhesion at that point, and from the fact that this condition was not preceded by inflammation, it is presumed that the cause of rigidity may be either in the pterogoydea or in the *articulation*. It has been suggested that there may be adhesion of the coronoid process to the zygoma of the left side, but from careful examination, I am of the opinion tnat there is not. The knife only can ascertain the real cause of the permanent stiffness of the parts.

Suggested an exploration of the temporal and pterogoid muscles with the scalpel, which the parent declined. Patient returned home; no further report from her. (F.)

Case 491. March 3.—Michael Ryan, æt. 2. Otorrhea. About one year ago, he got a piece of glass in his ear, which, after three weeks, came out. The ear became inflamed, and since that time has been discharging a fetid, purulent secretion. At present the meatus auditorius externus is larger in diameter than upon the sound side. The secretion from the ear continues, though not so fetid or profuse. By examination with the probe, I find tnat the membrana tympani has disappeared, and the probe passes deep into the ear against the bone of the labyrinth. She has also had a severe cough, but is better of that. Dr. E. Freeman has been attending the case. He supposes that the right lung has been and is now somewhat affected. He has been using for the cough ℞ Syrup helianthus Americanus, a teaspoonful three times a day. Has also injected into the ear, ℞ Sesq. carb. potass. gr. v, water ℥j. M. Inject a little three times a week to correct the condition of the mucous membrane, using, during the rest of the week, glycerine to the ear morning and evening. As this treatment seems to improve the case, I would suggest that it be continued. Apply oleum tiglii behind the ear.

April 3.—No further report.

SYPHILIS CURED WITHOUT MERCURY.

BY I. J. M. GOSS, M. D.

It has been long a mooted question, whether or not syphilitic disease could be cured without mercurial preparations. I have now fully satisfied myself that it can not only be cured, but can be cured much sooner and more easily without, than with mercury. I have never treated a case with mercury, but have treated a number of cases without giving a single grain of any preparation of mercury. It seems very strange to me that any man acquainted with the pathology of syphilis, and the therapeutical effects of mercury, should ever have conceived the idea of curing this disease by any such a remedy. It seems, to my mind, that the disease in question produces similar constitutional effects to those produced by mercurials. The most apparent symptoms of the disease are a poisonous effect of the glandular system, producing tumefactions, enlargement, and finally ulceration of the glands, also ulceration of other parts of the organism. Now these effects follow the use of mercurials.

I do not pretend to say that the virus of both are identical, but merely that (*sui generis*) in both instances, they produce very analogous constitutional peculiarities, consequently I conceive that the exhibition of mercury aids the syphilitic virus to undermine the vital stamina, thus hastening the fatal tendency of the disease. I have long observed the treatment of other practitioners who treated this disease with mercurial preparations. Some cases terminated fatally (one such recently occurred near this place), while those that recovered, or but partially recovered, lingered long, and at last generally had to be treated with other remedies. It has been the custom with some, to treat the primary symptoms with mercury, and then give iodide of potassa and sarsaparilla. Now, why any man should think of curing a disease by a remedy that produces similar effects with the disease, has always appeared very signular to me. They arrive at such a conclusion by a process of reasoning which is quite nebulous to my mind. Many of the profession have been, for several years past, treating the tertiary symptoms, as they term them, by the iodide of potassa. If this remedy will remove such symptoms, why not remove the primary symptoms? If the iodide of potassa will remove the tertiary symptoms when mercury has failed, then why not give that remedy at the start? Some have been enabled to look beyond professional pride, and the predilection of education, and to abandon the use of mercury entirely, and are now rationally applying proper alteratives at the commencement of the treatment, curing the disease without that ruinous prostration, which follows the administration of mercury.

I have always been in the habit, until recently, of treating this disease with iodide of potassa. Some time ago, there was a case presented to me which had been treated by another physician; I do not know what he had given, but the case was in the following condition: Parts badly ulcerated; also several ulcers on the thighs, wherever the matter touched the cutis; chancres were on the body of a phagedenic character, pretty deep, with indurated edges, which were elevated above the level of the integument; one small chancre on the arm, produced by vaccination with the matter from the other chancres, to determine whether or not it was syphilis, which the owner of the slave had done for his own conviction, as the physician denied its being syphilis. When I saw the case first, I determined to try the efficacy of the compound syrup of sarsaparilla, with iodide of potassa. Not having any on hand, I prepared some myself, according to the formulary of the Eclectic Dispensatory, which I gave in as large dose as the patient could bear, without disturbance of the health, for it was a female, about seven months advanced in pregnancy. I directed the ulcers to be cleansed once or twice a day, and then touched with the nitrate of silver. Under this treatment the woman rapidly recovered, and by the expiration of the term of gestation, she was entirely well, and gave birth to a fine, healthy child, which has never shown any trace of the disease; neither has the mother since.

In a short time after this, I was called to see another servant girl in the same family, who was suspected by her master and mistress of having syphilis, which I found to be the case. On an examination I found her in the identical condition of the first one, only the disease was not quite as far advanced, and had not been treated, and her term of gestation much nearer termination. So I commenced the treatment by the same remedies, and the case is as favorably progressing as did the other, and I am very confident that this woman will soon be restored to a sound state of health. Then away with the vague notion that syphilis cannot be cured witnout mercury. The man that cannot cure it now, with the present resources of the profession, had better abandon the healing art, and seek his livelihood in something more congenial to his capacity.

Jackson Co.. Ga., June, 1857.

GONORRHŒA.

BY R. B. GRISWOLD, M. D.

There are many things connected with venereal disease, which makes it unpleasant to practice, but as long as men go astray, the penalty must be paid, and the physician will be called upon to treat their ailments, and restore them again to health. If a man in any way, devotes his attention to the study and practice of these diseases, there are many who take up the subject and laugh and ridicule him; but science in *any* of its branches, is interesting, and I care not how low or disagreeable may be the work, if you devote yourself to the cause, though you may have the sneers of some, yet you will win the respect of those whose confidence and respect are worth having. I think this is an interesting disease, on account of the pleasure one receives in investigating its mysteries, and on account of the influence that is gained by the physician over the patient. No subject furnishes more matter of interest, than the subtle poison, and the slow chronic course of venerial disease; while, on the other hand, the man who entrusts his life as well as his honor and fair name in your hands, can be advised by you better than by any one else. You hardly ever find a man totally depraved; there is always *some* redeeming quality, and if you will search that out, then you can exercise an almost unlimited influence over him, toward leading him back to virtue.

But, to come more particularly to the subject. Gonorrhea, and probably syphilis, are of ancient origin. It has been supposed by some in the old world that they were brought from America, by Columbus. This is sustained by the fact, that the disease first made its appearance among the women with which Columbus' men had mixed along the shore, in 1493, after returning from his first voyage to the New World, and was called the "Italian epidemic."

At that time the disease seemed involved in much mystery, and the first author that we find of any eminence who wrote upon the subject is Fernel of Paris, in 1546. Embracing his principles, the profession went on, having but little success in their practice, until Phillip Ricord arose, the prime mover, the master spirit, who first pointed out the fault of the old treatment, and suggested a new way, to which the profession is indebted; and I may say here that Phillip Ricord had received honors from more crowned heads of Europe than any other surgeon alive.

Ricord taught that "gonorrhea and syphillis were distinct;" that "gonorrhea was a simple inflammation, never followed by constitutional symptoms;" and that "chancre was the product of a specific virus." I might mention more of his doctrines, but as they relate to syphilis, and not to the subject in question, I will not.

Gonorrhea, in the male, affects the urethra, when it is called urethral gonorrhea; the surface of the prepuce, called posthitis; prepuce and glands, and is called balavoposthitis. In the female it affects the vulva, the urethra, the vagina, the external and internal surface of the cervix, and cavity of the uterus.

Symptoms.—Gonorrhea is divided into three stages, viz: 1st. The period of incubation, which lasts from the time of exposure (from two to six days) till the second stage—called the acute or inflammatory—comes on. 3d. Stage of decline, in which the symptoms are passing off, and the functions again assuming their wonted order.

1. *Period of Incubation.* The symptoms may be noticed as soon as 24 hours after exposure, or they may be as long as a fortnight coming. But in general, if you examine a man a week after exposure, and can find nothing to lead you to suppose he has gonorrhea, you may be pretty sure in saying that he will not have it. In three or four days the patient will notice an itching about the parts, and some swelling, and a discharge of mucus. At this time, micturation will generally cause some little smarting. These symptoms last until about the fifth day, when they

gradually pass into the "*inflammatory stage.*" Now the organ is red and swollen; about half-erected; glans penis, and lips of meatus excoriated; discharge thicker, greenish, and somewhat streaked with blood; tumefaction of the mucous membrane, from the meatus throughout the urethra; intense pain in micturition. Any cause will produce erection of the organ. Chordee denotes that the penis is erected and curved downward, the altering of the position of which is dangerous to the organ. It may be well to notice here, that *sometimes* after the symptoms have abated, erection will cause pain; but we are not to suppose from this that inflammation is still present, for it is probably due to the lymph that has been thrown out, and is not yet absorbed.

These symptoms, as we said before, gradually subside, the general anxiety which the patient had disappears, and he feels well. But, after this, if he is careless in diet, drink, and exercise, the symptoms are liable to return, and he should therefore be put upon his guard against any excesses of the kind.

There are cases in which there is no inflammatory stage. The first is prolonged, and gradually passes into a chronic state.

Causes.—The great cause to which it is most usually attributed, is intercourse with an impure female, but I am disposed to think that this is *not* the most frequent cause of gonorrhea. Leucorrhea in the female will very frequently produce it, and I think that this is very common.

It may not be so frequently the cause of it in a large city, but I am satisfied that in the country, and in our country villages *it is*, in a large majority of cases that come under our notice.

A married man comes to you with the disease; he declares he has been true to virtue, and yet the man has gonorrhea, and there is no getting around it.

In this case, if you can examine the woman, you will find, in nine cases out of ten, that she has a slight leucorrhea, if not more. You cannot trace the affection in the male to any other cause than that of the female, and if *this* establishes the fact that it *may* be thus produced, may we not draw the inference, seeing leucorrhea is so common, that it is *often* so produced?

The introduction of bougies, masturbation, excessive sexual intercourse, are causes of it, and it has been said, though I know not by what authority, that gout has produced it.

It has been said, and is still argued by some, that gonorrhea is a specific disease, depending upon a specific poison or virus; but I am led to suppose that it is nothing more than a simple inflammation. I do not think that it depends upon any specific virus.

Treatment.—The treatment of this affection cannot be fixed to any routine of practice. The more discriminating we are the better, and I think that the practitioner who looks upon the disorder as an urethritis or inflammation of the mucous membrane, will be most likely to succeed.

1st stage—when a patient comes to you with the primary symptoms, you would undoubtedly use the abortive treatment. To fulfill these indications I have used an injection into the urethra of a weak solution of nitrate silver, say 14 grains to the ounce, and copaiba and cubebs in large doses. I think the weak injection is preferable, because in from 6 to 48 hours, you can produce the same result as with a strong one, and can stop when you wish. Before injecting the urethra, always have the patient pass his water, to prevent the mucus being carried back by the consistency and force of the injected fluid, thus extending the disease to the posterior part of the urethra, and perhaps the bladder.

If you use the argenti nitrosi, you will find that in about twelve hours the discharge will become thicker, more copious, and streaked with blood. When these symptoms occur it has been carried far enough, and the patient, if you leave him to use it, should be warned to stop its use, when this takes place.

Symptoms of acute stage and Treatment.—If you do not see your patient until this stage, you will notice a little fever, the penis is immensely swollen, and restlessness and some anxiety are present. Our treatment here should be to palliate the symptoms, and meet the indications as they come up. Here we should command rest, diet, not much standing, and avoidance of all stimulants. Evacuate the bowels with podophyllin and cream tartar. Now the question arises, is it best to use the anti-blenorrhagics at this period. Some say not, but I see no good reason why copaiba and cubebs may not be used in the inflammatory stage with success. In this stage we sometimes have hemorrhage, but this may very often be an effort of nature to relieve the congestion, and should not be regarded with alarm, unless it prove profuse, when we may use injections of cold water or ice externally, &c.

We should alleviate chordee by every means in our power. Leeches applied to the perineum will often afford relief. The patient should abstain from all stimulants, light covering on bed, and lying on side. Lupulin has been found to be serviceable in allaying chordee. Another good remedy, is

℞ Pulv. gum. camphor gr. xij
" Opium " jji M.

Ft. pil. vj; one an hour before going to bed, and one at going to bed. If you choose to give hyosciamus, ℞ Ext. hyos. ℈ii. Divide in eight pills; take one at bed time. Abscesses in the urethra, if there be any, should be opened early.

Declining Stage.—The diet of the patient should now be improved. If the weather is warm, cold bathing will be found beneficial. Cubebs and copaiba should be given in as large doses as can be borne, and if there is any irritation of the canal left, you will find a very good injection to be

℞ Zinc sulphus ℈i
Ext. belladonna ℈ji
Aqua rosæ ℥vj

Sometimes the mucous membrane is found to be relaxed, bloodless, puffy, and atonic; in this case Ricord used an injection of tannic acid ℈i, and claret wine ℥vi, and it is said to work well, by those who have used it.

The question may here be asked, will a gonorrhea contracted from a leucorrheal female last as long, and be followed by similar symptoms as others? I think it will; though a man may be exposed, or in other words, come in contact with a leucorrheal female and not contract the disease, while another man exposed to the same, or like cause, will have it, especially if he has had gonorrhea before. It may be well for me to say a few words concerning the administration of the anti-blenorrhagics. If I understand the "modus operandi" of cubebs and copaiba, they act by being taken into the stomach, absorbed, and thus carried through the circulation until they reach the kidneys, where it seems to have an affinity, so to speak, and is taken up by them, and thus passed through the urethra with the urine, exerting its specific influence upon the mucous membrane. Then we may ask, why will not the injection of an emulsion answer the same purpose? Because it has been tried, and there seems to be some change in the remedy, or its action, by being passed through the kidney, and mixed with the urine.

I think I have heard of an experiment, however, in which these agents were mixed with the urine and then injected. They exerted a salutary influence, but in a less degree. Sometimes cubebs, and very rarely copaiba, produce an eruption which is attended by violent itching. I remember one case of a young man that came to me whom I was treating at the time, covered with an eruption, which was attended with much itching, and said he thought he had the itch. When this symptom occurs, of course we must stop their use until it subsides.

Cubebs have a tendency to constipate, while copaiba has the contrary. It may not be improper to notice here, some of the objections that are raised in regard to the use of injections. One is, that the mucus is carried backward, and the disease thereby extended. This I think can be prevented by taking the necessary precautions which I have before mentioned.

Another objection is, that they cause undue inflammation, and swelling of testicle sometimes. This I think is more the fault of the surgeon than of the remedy; the injection is too strong. But, the greatest objection made, is that they cause stricture. This is not true; stricture is caused by *inflammation*, and where there is inflammation enough to need an injection of sufficient strength to produce stricture, there is inflammation enough to produce it without caustic injections.

I have hitherto spoken only of urethral gonorrhea. Balorritis, or an inflammation of the mucous membrane of the glans penis, may occur during an inflammatory condition of the urethral canal. In this form the organ somewhat resembles a blistered surface, and the mucous membrane peels off, leaving the basement membrane bare and raw. In severe cases the discharge is very profuse and mixed with blood. When the glands are ulcerated, as they are in these cases, the solid stick caustic is recommended.

I have hitherto treated of gonorrhea as you find it in the male; I now propose to speak of it in the female.

Gonorrhea in the female not only involves the urethra, but the mucous membrane of the vagina, uterus, &c. That of the vagina is most frequent; next, that of the urethra; next, the vulva; and lastly the internal parts of the uterus. If the vagina alone is involved, the symptoms are very obscure. If you are able to get a speculum examination, you will find the whole lining of the canal much reddened, and sometimes it presents a granular appearance. When this is involved the symptoms are much more severe, the inflammation frequently extending to the cellular tissue underneath, rendering it excessively irritable. The external os is also involved when we have a vaginal inflammation. The treatment of the female will depend considerably upon circumstances. It is not usually as severe as in men, and therefore needs less heroic treatment. We should order rest, diet, and sometimes fomentation to the parts, and the injection of a decoction of hydrastia. If this does not act sufficiently, we should resort to stronger remedies, as zinc sulphas, argenti nitrosi, &c. Unless it be located in the urethra, the specifics will do no good, such as cubebs and copaiba.

There are a number of sequences to gonorrhea, which I should like to notice, such as stricture, gleet, warts, or excrescences, &c.

Gleet is a chronic discharge, following an acute discharge. It may be owing to mal-treatment, or want of treatment, but it is especially apt to occur in those who have a predisposing diathesis. The inflammatory symptoms of gonorrhea are absent in this; sometimes the discharge is excessive, while in other cases it may be moderate. It is frequently confined to the night, and in some cases, we find only a drop or two which passes out with the last of the urine, and which leads me to suppose that the disease is located in the deeper portions of the canal. It is a question in my mind whether the discharge is contagious or not. If it is purely mucus, and not mingled with pus, I should say not, but I can assure you that I shall be pretty sure about advising my patients to the contrary. I dare say that we shall be asked our opinion upon the subject, and it so, we may say that if connection seems necessary, or very desirable, the patient should pass his water immediately before intercourse, and repeat the act very rarely until he becomes cured.

I did not intend to say anything concerning gleet, or its treatment, for it is a subject that if carried out into detail would take much time, and would constitute matter enough for a seperate article, without connecting it with gonorrhea, but as I have allowed myself (almost unconsciously) to be led on thus far, I will give a summary of the indications of' treatment as I think they present themselves, and leave the subject.

Gleet, when left to itself, shows little inclination to spontaneous cure, and when a case presents itself, our first duty is to find out the cause; whether from stricture, debility, or other cause. If it arises from debility, or other constitutional cause, of course you would resort to hygienic treatment. However, there will be cases in which the symptoms remain even after the health has grown better. This being the fact, you will be obliged to make use of more active treatment, as an injection of

℞ Zinc sulphas ℈j
Aqua rosæ ℥vj M.

Inject this every two or three hours, and continue after the discharge has ceased, and discontinue by degrees.

Part 2-Progress of Medical Science

FOREIGN BODIES IN THE LUNGS.

BY JOHN HODGE, M. D.

I was called, 1st of November, 1856, to visit a young lady, aet. 15. About six months previous to my visit, she had accidently inhaled into her lungs a part of a grain of poached corn. Her health had previously been good. But following this accident, a dry and very troublesome cough occurred, evincing a high degree of irritation in the lungs. Expectoration became more abundant, and occasionally very small quantities of blood were raised by coughing. After the lapse of a few months, the sympathetic fever became considerable, together with the debility and emaciation which marks the progress of consumption. She had been under the treatment of several physicians, but their plans of medication were such that no palliation of the symptoms followed their prescriptions. I found her entirely unable to work; night sweats had existed for many months; her shoulders were thrown forward, and the thoracic cavity was much contracted. On percussing the right lung, I detected a great dullness, excepting over the space between the clavicle and the third or fourth rib. The posterior portion of the lung appeared the most completely consolidated. An abscess had pointed and recently opened between the sixth and seventh ribs, from which passed considerable quantities of pus and bubbles of air upon coughing.

Being called in at this stage, I could not flatter myself with any certainty of effecting a permanent cure, indeed recovery seemed almost impossible. But being strongly solicited, I agreed to make the effort.

In the first place I thought there might be something gained by the application of artificial support to the sunken chest, hence I immediately applied bandages to her shoulders in such a manner as to act as braces, and perhaps expand and support the thorax. I ordered the opening in the side to be kept open by the means of tents; that the patient be bathed every day with a saline mustard bath; small doses of aromatic sulphuric acid in cold sage tea, in order to check the colliquative sweating, and free doses of pulmonary syrup composed of the following:

℞ Eupatorium perfoli,
Arabia racemosa, aa. ℥iv.
Sanguinaria Canadensis ℥j.

Add water and boil, and make into 1 pint of syrup, and to every four ounces of the syrup I added one drachm of the iodide of potassium.

In a week from my first visit, finding the treatment proving beneficial, I instructed and urged her to breathe daily, at frequent periods, deep and full inspirations; and to gradually and carefully exercise her arms and chest in a manner calculated to enlarge the capacity for air. The good results of the treatment soon became apparent. The cough, night sweats, and other unpleasant symptoms gradually subsided. I ordered the hygienic treatment continued as well as a modification of the medical. I did not see her again until a few weeks ago, and I was agreeably surprised to find her in the enjoyment of as apparent good health as any young lady in the city. There was still a slight dullness in the lower part of the right lung, but no cough or other appearances of the disease remained.—*Mid. States Med. Ref.*

HAZARDOUS SURGICAL OPERATION.

By far the most difficult and hazardous surgical operation of which we have ever heard or read, was performed in this city on the 11th of April, upon Mr. C. M. Beal, of Springfield, near Sonora. The case was as follows:

By the explosion of a gun, the breach pin was forced into Mr. Beal's left side, through the ribs, and lodged beneath the heart, where it had remained two and a half months, prior to his being brought to the city; producing effusion and purulent secretion, until the entire cavity of that side of the chest was engorged to its utmost capacity. The patient was almost in a dying state when brought to the city for treatment, and scarcely a shadow of hope was entertained of his recovery. In fact, he was assured candidly by his surgeon, that he would probably sink under the knife—*possibly* not; but, as death was his inevitable doom, and that speedily, without an operation, he readily seized the only remaining chance of prolonging life, by submitting to a trial for the removal of the foreign body.

In the first steps of the operation, three of the ribs were laid bare by free incisions through the soft parts. Portions of the ribs were then removed, when it was hoped that the foreign body could be reached and extracted, which, however, was not the case, and it was soon ascertained that the difficulties of the operation had not yet commenced. Few or none present appeared to entertain hopes of ultimate success at this time, seeing that all the accumulated experience of the past afforded no guide to any further procedure. A silver probe, five inches long, had already been passed into the cavity of the chest, in various directions, and the fingers frequently placed in close contact with the palpitating heart, only separated from them by a thin membrane.

Already had the seat of life and center of the circulation been explored beyond any thing known in surgery, and yet no clue to the location of the foreign body could be obtained. The patient's countenance finally became deadly pale, and nearly all the medical men present expected he would die soon under the knife. The daring operator, however, displaying a confidence which genius alone often inspires in times of new and great difficulties, continued the delicate manipulations, perfectly unmoved. Striking out a new method for the future guidance of surgeons in similar cases, he terminated the operation successfully with the same composure as it had been conducted. The foreign substance was found in the following manner: A steel sound, fourteen inches long, was introduced in the chest, and when found the metal was recognized by the sense of touch communicated through the sound. But the entire cavity of that side of the chest was cautiously but most perseveringly explored before the metallic touch could be recognized, and even when found, so strong was the heart's action against the instrument, that, together with the iron being covered with some of the membranes, or by the deposit upon its surface, the nicest discrimination could alone detect a metallic impression as imparted to the steel sound. This instrument was repeatedly introduced to the distance of eleven inches, while exploring the chest. When the metal was found, the extremity of the sound was made to rest upon it, and to answer as a guide to the introduction of the process by which it was to be removed. The sound being curved would readily pass back of the heart without pressing upon it particularly, but the forceps, which were straight, necessarily moved its apex out of its ordinary position, in order to reach the foreign body back of it, which, after several attempts, was finally seized and extracted.

The patient bore all these painful though necessary manipulations without complaint, and was not apparently discouraged at any time. This operation, which is acknowledged without a parallel in the annals of surgery, was, when first noticed, publicly regarded by many as a Munchausen story, but it proves to be of greater magnitude than most of the descriptions of it yet given.

The patient is, strange to say, rapidly recovering. On the eleventh day after the operation, he was able to sit up in bed, and had a good appetite, and six days after that he had not an unfavorable symptom remaining.

The chief operator in this case was Dr. Cooper, assisted by Dr. Rowell and others, and the patient is now at his Eye Infirmary, on Mission street, where many persons whose sympathies for the brave stranger have been awakened by his courage and sufferings, are induced to call and inquire after his condition. Probably his flattering state of improvement since the operation, is partly due to the bracing effects of our climate, which medical men say is the best in the world for the recovery of patients after formidable surgical operations, and which must, at no distant day, render San Francisco the grand resort of patients from neighboring States and countries, who require dangerous surgical operations.—*The Pacific, May* 14.

OUR REMEDIES.

The popularity of the leading remedies of the Eclectic materia medica is rapidly on the increase. Not only are their efficiency and power being recognized by practitioners of all the schools, but they are fast substituting them to fill the place of the harsher, more drastic and uncontrollable minerals, because they prove more positive in their action and satisfactory in their results. Long had physicians—*Allopathic* physicians—felt dissatisfied with the mercurials, the antimonials, and kindred agents, which so often proved unmanageable and dangerous in their hands; but, knowing of no substitutes, they felt justified in their use on the supposition that it was the "least of two evils." But now that safe, reliable, certain substitutes are being furnished, and that, too, from the indigenous part of the materia medica, they feel constrained to employ them. And our prediction is that *not ten years* will elapse ere mercury, arsenic, antimony, and the kindred active pathogenetic agents of the Allopathic school, will be abandoned by all excepting the old fogy practitioners who worship the notions of Antiquity as sacred truths, and spit upon the revelations of Progress as the fanatical dreamings of infidel bantlings for whom the rack and the stake of inquisitorial ages are fit instruments of punishment and torture. But these ere long will "die out," and their places will be filled by men determined to keep pace with the tolerant and hopeful spirit of medical advancement.—*Middle States Medical Reformer.*

MINUTES OF THE SOUTHERN REFORM MEDICAL ASSOCIATION, MEMPHIS, MARCH 2, 1857.

Agreeably to adjournment at its last convocation at Atlanta, Ga., the Reform Medical Association met in the hall of the Botanic Medical College, at Memphis, Tenn., at 10 o'clock A. M., March 2d, 1857, Prof. Bankston, President, in the chair, and I. N. Loomis, Secretary.

The Association having been called to order, the minutes of the last meeting were read and approved.

On motion of Prof. Comings, T. C. Gayle of Memphis, was appointed Treasurer *pro tem.*.

The books then being opened for the names of new members, the following were added:

Tennessee—L. C. Roberts, Prof. T. C. Gayle, A. R. McWilliams, A. Dayton, Prof. G. W. Morrow, Prof. W. B. Morrow, Charles Elliott, C. B. Parker, L. W. Gabbert, J. W. Phillips, B. F. Baird, H. Bolster, H. C. Lowrey, B. F. C. Brooks, W. A. Thompson, R. H. Sparkman, W. W. Caldwell.

Mississippi—Prof. Hugh Quin, Prof. S. P. Cutler, D. C. Lauderdale.

Georgia—S. J. Austin.
Virginia—J. S. Watson, I. M. Comings.
Alabama—G. W. Whitfield, J. M. Cook.
Kentucky—C. McKinney, G. W. Clayton.
Arkansas—W. R. Bates.

On motion of Prof. Loomis, the following was adopted:

Resolved, That the last resolution of the platform of principles, adopted by this Association at Atlanta, be so understood, that any person dissenting from any minor points in said platform, and desiring to become a member of the Association, on stating his objections, his case may be presented, and a vote taken as to his eligibility to membership.

R. C. Bryan, of Georgia, the regular orator appointed to deliver the annual address, being absent, L. D. Shelton, of Kentucky, his substitute, was called upon, and addressed the Association in an appropriate and eloquent manner.

On motion of Prof. Comings, the following committee, Profs. Comings, Quin and Gayle, and Drs. Austin and Shelton, were appointed by the Chair to suggest items of business for the action of the meeting.

On motion of Dr. Brooks, the Association then adjourned to meet at 3 o'clock.

AFTERNOON SESSION.

The committee on items of business reported, and the report was adopted.

The Recording Secretary then read an essay from J. R. Lasseter, of Georgia, and on motion of Prof. W. B. Morrow, it was ordered to be incorporated in the proceedings of the Association, and published with its minutes.

On motion of Prof. Loomis, the following preamble and resolutions were adopted:

Whereas, There exists a slight discrepancy between the minutes of the Reform Medical Association of Tennessee and Kentucky, and those of the Southern Reform Medical Association, convened at Atlanta, Georgia, in May last; therefore,

Resolved, That the latter be considered as the adjourned meeting of the former, and that all the members of the former be considered members of the latter, as fully as though no discrepancy had occurred.

The passage of the above resolution added a number of members to the present session of the Association.

On motion of Prof. Loomis, the following committee, Profs. Loomis, Harrison, Comings, G. W. Morrow and Dr. Shelton, were appointed to report a platform of principles to the Association. On motion, the name of Prof. L. Bankston was added to the above committee.

Prof. L. Bankston then made some very just, but stirring and eloquent remarks upon the relative positions of our profession in the Northern and Southern States, detailing some of the petty jealousies and envyings of the former toward the latter, and some of their unmanly attacks upon our Southern profession, our institutions and our Association.

On motion of Prof. R. H. Harrison, of Mississippi, the Chair appointed the following committee, to report upon portions of an article published in the second number and twenty-second volume of the Physio-Medical Recorder of Cincinnati, entitled "Our Macon Neighbors"—Profs. R. H. Harrison and Hugh Quin of Mississippi, and S. J. Austin, of Georgia.

[At this stage of the proceedings, the Recording Secretary was taken seriously ill, unable to meet again with the Association during its present session. After his recovery, he deciphered and recomposed the contents of a multitude of scraps of paper placed in his hands, at the adjournment of the Association, constituting the following minutes.]

SECOND DAY, TUESDAY, MARCH 3.

At ten o'clock A. M., the President being absent, L. D. Shelton, of Kentucky, was called to the chair, and Prof. I. M. Comings, of Georgia, requested to act as Recording Secretary.

The committee to whom was referred the article in Dr. Curtis' Journal, entitled "Our Macon Neighbors," begged to be discharged on the ground that they considered the article and its author beneath their attention, and unworthy the notice of Southern Reformers. After some eloquent remarks by Prof. Harrison, on the subject of such wanton attacks as those to which our profession and some of our institutions had been subjected by our Northern neighbors, the committee was discharged.

The chairman of the committee on items of business, suggested the appointment of a committee on Finance, also one on our Medical Statistics, in accordance with which, the Chair appointed I. M. Comings, S. J. Austin and R. H. Harrison, a committee on Finance, and W. B. Morrow, C. McKinney and Hugh Quin, a committee on Medical Statistics.

The committee on the nomination of officers for the ensuing year, reported as follows:

For President—Prof. L. Bankston, Ga.
Recording Secretary—I. N. Loomis, Ga.
Corresponding Secretary—L. D. Shelton, Lafayette, Kentucky.
Treasurer—S. J. Austin, Cusseta, Ga.

I. M. Comings,
T. C. Gayle, } Committee.

The report was adopted, and the above duly elected officers of the Association.

The committee on the nomination of Orator and Essayists for the next annual meeting, reported as follows:

For Orator—I. N. Loomis.
Essay on Poisons—Prof. S. P. Cutler, Mississippi.
Medical Reform South—S. J. Austin, Ga.
Typhoid Fever and Pneumonia—L. D. Shelton, Ky.
Physiology of the Blood—L. Bankston, Ga.
Medical Education—W. L. Davis, Va.
Eclecticism—I. M. Comings, Ga.
Anæsthetics—W. B. Morrow, Tenn.
Improvements in Obstetrics—M. S. Thomson, Ga.
Improvements in Medical Practice—J. T. Coxe, Ga.
Dysentery—R. C. Bryan, Ga.
Remittent Fever—C. McKinney, Ky.
Yellow Fever—T. C. Gayle, Tenn.
State Medical Associations—D. W. Reid, S. Car.
Southern Associations—J. R. Thornton, Alabama.
Inhalation—L. M. Gabbert, Tenn.
Improvements in Surgery—G. W. Morrow, Tenn.
Carbuncle—Hugh Quin, Miss.
Small-Pox—R. H. Harrison, Miss.
Syphilis—C. J. Northington, Ky.
Podophyllin—G. W. Morrow, Tenn.

G. W. Morrow,
Hugh Quin, } Committee.
S. J. Watson,

Adopted.

The committee on Finance reported as follows, which was adopted:

Having examined the accounts of the current expenses, we would recommend the assessment of one dollar upon each member present to defray the same.

I. M. Comings,
S. J. Austin, } Committee.
R. H. Harrison,

The following names were added as new members: J. F. Barry, J. A. Lewis, A. D. Lauderdale, D. C. Lauderdale, D. W. Collins, of Mississippi. W. Slaughter, Wm. King, T. C. Bracking, of Tennessee.

After reading several published reports on the subject of Gelseminum, as introductory, S. J. Austin, M. D., of Georgia, read an essay on that subject.

This essay occasioned a very interesting discussion, in which T. C. Gayle, S. J. Austin, Prof. Bankston, W. B. Morrow, and others, participated. Many important facts were developed, exhibiting the richness of our medical literature, and the resources of our medical science. Dr. Austin was highly complimented for the accuracy and the ability with which his investigations had been pursued.

The various committees were then appointed.

On motion, the Association then adjourned, to meet at 3 o'clock, P. M.

Association met at 3 o'clock, the President in the Chair, and I. M. Comings acting as Secretary.

The committee on Medical Statistics reported as follows:

We recommend that the Association request each practitioner in the South, to keep a perpetual record of all the cases treated by him, and the results of such treatment. We also propose that the Corresponding Secretary prepare a form, with blanks, for that purpose, and that he publish the same, at the expense of the Association, in sufficient numbers to supply each practitioner with a copy. The statistics of our practice, compared with those of the old school, would soon enlighten the people upon the fatal results of their practice, and the safety and certainty of ours.

W. B. Morrow,
Hugh Quin,
C. McKinney, } Committee.

Adopted.

The name of Jerome Cochrane was then proposed for membership. As the platform of principles is to be re-modeled, and from other considerations, he was admitted a member.

The Association then adjourned to meet at 7 o'clock in the evening, to listen to an address by Prof. Bankston, after which it was to be considered as adjourned until 9 o'clock A. M. the next morning.

THIRD DAY— WEDNESDAY, MARCH 4.

Association met agreeably to adjournment. An essay from T. W. Conner, of Tennessee, was then read, and ordered to be published with the minutes of the Association.

The committee on Medical Colleges reported as follows, which was adopted:

There are two Reform Medical Colleges in the South, the Reform Medical College at Macon, Ga., and the Botanico-Medical College at Memphis, Tenn. The Reform Medical College of Georgia possesses an elegant, commodious and substantial college edifice, fitted up in all its various departments after the best medical schools in this country and in Europe. Each department is supplied with a complete set of apparatus, preparations and other facilities, from the best manufactories in the world. It is free from debt, with a fund at interest for the subsequent supply of such new apparatus and preparations as will enable them to keep pace with the various improvements and discoveries in the different branches of medical science. It is in a flourishing condition; the number of its students and of its friends is rapidly increasing; its Faculty are men of ability and long experience.

The Botanico-Medical College of Tennessee is now in a much better condition than it has ever been at any previous period, with a joint stock company of $33,000, a commodious building, with halls sufficient for the reception and accommodation of large classes, with facilities for teaching the various departments of medical science, and a Faculty of energetic and faithful professors, who are determined to succeed, if honest, faithful exertions will vouchsafe success.

We feel assured that these institutions teach the fundamental principles contained in the platform of this Association, and that they are faithful in the inculcation of the doctrines which characterize us as Medical Reformers.

We would recommend their interest and their welfare to all Southern Reformers.

T. C. Gayle,
I. M. Comings,
W. B. Morrow. } Committee.

The committee on Medical Journals reported as follows, which was adopted:

There is now but one Reform Medical Journal in the South regularly issued. This is the Southern Medical Reformer and Review, published by the Faculty of the Reform Medical College at Macon, Ga. It has ever sustained, ably and faithfully, the true principles, and the best interests of Medical Reform, and is justly entitled to the confidence and support of every true Medical Reformer. As it has always published the proceedings of this Association, we would recommend its adoption as our official organ; also that each member of the Association aid it in its career of usefulness to the extent of his ability, both in furnishing it valuable information, and in extending its subscription. The journal will ever maintain the interests of the two Southern medical colleges, as well as the wisdom and the policy of the education of southern students in our southern institutions.

T. C. Gayle,
W. B. Morrow,
L. D. Shelton, } Committee.

The committee on Associations reported as follows, which was adopted:

From the great expenditure of time and money necessary to the establishment and support of a National Association, we deem the project at present impracticable. We would, however, urge upon our profession of the entire South, the importance and the advantages of a thorough and efficient organization and maintenance of State Associations, and that each send delegates to the Southern Association, thus constituting a great center around which, in harmony and in order, its subordinate organizations shall long continue to revolve.

S. J. Austin,
L. D. Shelton, } Committee.
L. W. Gabbert,

The committee on Text-books reported as follows, which was adopted:

The Faculty of the Reform Medical College at Macon, Ga., have employed Profs. Loomis and Comings to prepare a comprehensive and scientific work on the Principles and Practice of the Reform System of Medicine. In this work, they are to be aided by the labors and the counsel of the entire Faculty. Prof. O. A. Lochrane of the same Institution, an able scholar and a finished writer, is preparing a work on medical jurisprudence, both of which will be in readiness by the opening of the next course of Lectures.

G. W. Morrow,
I. N. Loomis, } Committee.
I. M. Comings.

The Committee on a uniform Fee Bill, reported as follows, which was adopted:

We recommend the adoption, by this Association, of the Fee Bill of the Reform Medical Society of Georgia, adopted Feb. 28th, 1855, and published in the following number of the Reformer and Review:

L. W. Gabbert,
J. S. Watson, } Committee.
S. J. Austin.

S. J. Austin, M. D., offered the following resolutions, which were adopted:

Whereas—The loss of time and the expenses of a long journey will be seriously felt by some of our Delegates to the different Conventions that may be held in the different sections of our country.

Therefore be it Resolved—That each Practitioner in the State be requested to contribute two dollars annually to defray the expenses of said Delegates, and that said sum be remitted to the Treasurer of the Southern Reform Medical Association, at least two months before each succeeding meeting.

Also Resolved—That each State be allowed one Delegate from each Congressional District.

Resolved—That each Reform Medical College be allowed one and not more than two Delegates.

Resolved—That each Southern State appoint Delegates to the National Convention.

Resolved—That each Southern State be represented in the National Convention by not less than two nor more than five delegates. Also that each Reform Medical College be represented by one and not more than two delegates.

The Committee on Medical Ethics reports as follows:

We would recommend to this Association the adoption of the code of Ethics, adopted by the Reform Medical Association of Kentucky and Tennessee, and published in the September Number of the second Vol. of the Memphis Journal.

R. H. Harrison,
T. C. Gayle, } Committee.
G. W. Morrow.

Adopted.

Dr. B. F. C. Brooks then submitted for the examination of the Association, a Compress and Bandage for fractures of the inferior maxillary.

The following Committee was appointed to report on the same: Profs. Comings and G. W. Morrow, and Dr. Gabbert.

The Committee on Medical Reform South, also that on Platform of Principles, asked and obtained permission to report at the next annual meeting of the Association.

The Committee to whom was referred the Compress and Bandage of Dr Brooks, reported as follows:

We have examined the instrument introduced by Dr. Brooks, and consider it well designed to fulfill the indications required in fracture of the lower jaw, and as it is simple in its structure and application we would recommend its trial to our Profession.

A vote of thanks was then tendered the officers of the Association for the able and gentlemanly manner in which they had performed the duties of their respective stations; also to Prof. Bankston for his able and eloquent address on the evening previous.

Prof. Harrison gave notice that he should enter a protest against the Report on Medical Colleges.

Profs. L. Bankston, R. H. Harrison, and G. W. Morrow, and Dr. C. McKinney of Kentucky, then addressed the Association in stirring and eloquent appeals on various topics connected with the interest and policy of our profession.

On motion of L. D. Shelten, the Association then adjourned to meet at the Reform Medical College at Macon, Georgia, on the second day of March, 1858.—*Southern Medical Reformer.*

HOMŒOPATHY IMPARTIALLY APPRECIATED.

BY EDWIN LEE, ESQ.,
Fellow of the British Royal Medico-Chirurgical Society, etc., etc.

From the last London Edition.

"Quand l'absurde est outre, on lui fait trop d'honneur,
De vouloir, per raison, combattre son erreur."
La Fontaine.

This doctrine was first promulgated about forty years ago, though it did not attract much attention till of late years. It originated with Dr. Hahnemann, a native of Saxony, who, after having resided in various parts of Germany, failing, it would appear, to succeed in practice, at length took up his abode in Leipsic, and instituted experiments on the action of medicinal substances upon himself and others. Having, in 1790, taken some bark which produced, as he states, paroxysms of intermittent fever, he was struck with the circumstance, that the substance employed for the cure of intermittents, should occasion a similar disease in a healthy person. This led to the inference that substances which produce certain symptoms in healthy individuals, can remove those symptoms when induced by other causes; hence a fundamental point of the doctrine, that diseases are cured only by medicines which have the power of causing similar diseases in healthy persons: *Similia similibus curanter.*

Homœopathists consequently do not consider a knowledge of anatomy, physiology, or pathology, as contributing to the cure of disease, but restrict themselves to noting the different symptoms, and to ascertaining the appropriate remedy, without regard to the organic changes, or other circumstances by which the symptoms are caused, or whether they affect the nervous, vescular, or other systems. For example, in strictly following the rules of homœopathy, if a person have headache, whether arising from exhaustion, inflammation, or stomach derangement, the same remedy should be had recourse to, and that remedy must be a substance capable of causing headache in a healthy individual.

Medical doctrines are divided by Hahnemann into the allopathic, or method in general use, of curing diseases by remedies of an opposite nature—*contraria contrariis,**—the antipathic, or palliative method, and the homœopathic, the only true method; the principles of which are contained in his *Organon, ou Exposition de la Doctrine Medicale Homœopathique.* This work contains an abundance of absurd reasoning, of extravagant and unfounded assertions; of some truisms, from which erroneous conclusions are drawn; of exceptions to general principles, and isolated examples, extracted from various works, and adduced as the principles themselves, in order to corroborate the positions laid down by the author. Thus, to prove that many of the cures hitherto effected, have been so by the chance employment of homœopathic means, several instances are brought forward, among which are, that rose-water cures opthalmy, only because it has the power of causing a kind of opthalmy. In like manner bark cures intermittents, because it occasions these diseases; ipecacuanha arrests fluxions of blood, only because it possesses the faculty of exciting hemorrhage; generous wines, in small doses, cure homœopathically inflammatory fever; hyoscyamus could not cure spasms resembling epilepsy, if it had not the power of exciting convulsions; the same remedy could not have cured a case of mania from jealousy, if it did not occasion mania and jealousy in healthy individuals.

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* This was the doctrine of Galen, and is the only true doctrine. It is scriptural, also; the Lord declares to the Pharisees, that "Satan can not cast out Satan;" i. e. like does not cure like, but that he cast out devils by their opposite, viz, the "finger of God."—Am. Ed.

Again, the popular customs of using snow to frost-bitten parts, of putting a scalded hand near the fire, are adduced to prove the homœopathic nature of the remedies to these accidents; vaccine is considered to act homœopathically in preventing small-pox, &c. These examples will suffice to show, that the style of argument adopted is opposed to established truths; for who ever heard of rose-water causing opthalmy, of bark causing intermittents, of ipecacuanha exciting hemorrhage, or being employed to arrest it, of generous wines curing inflammatory fever, of hyosciamus determining convulsions, mania, and jealousy? If snow is used to frost-bitten parts, it is used with friction in order, as is well known, to bring the parts gradually to their natural state; whereas, if used on homœopathic principles, it would be kept constantly applied; and, as may be imagined, with a certainty of aggravating the evil. So, also, with respect to the application of heat to scalded parts; and to prove vaccine a homœopathic agent, it should be shown that it has the power to cure small-pox when already existing; which, indeed, it is asserted it would do, were it not surpassed by the small-pox in intensity.

Medicines, then, are not considered by the homœopathists as direct remedies, but to act by giving rise to morbid symptoms, surpassing in intensity those of the disease against which they are employed, on the principle that two similar diseases cannot co-exist in the same individual: the original disease consequently yields, being overpowered by the artificial disease caused by the remedies: and this, on the discontinuance of the medicines, is in its turn speedily overcome by the power of the constitution.

This proposition also contradicts itself; for, as Dr. Wolf observes, "How can it be reconciled with common sense, that the vital powers are too weak and insufficient to remove any natural disease or its symptoms, be they ever so trifling, without the aid of a homœopathic drug, but are nevertheless powerful enough to remove the drug-sickness which is left after the natural disease is extinguished? Can any one comprehend that a power should be capable of overcoming a large obstacle, and should be incapable of removing at the same time, a similar and comparatively much smaller one?"

The particular symptoms to which each medicinal substance gives rise, and against which it is to be employed, are ascertained by experiments made by the homœopathist upon himself or other healthy persons.

But it must not be supposed that these surprising effects are produced by the drachm, or grain doses employed by ordinary practitioners. According to Hahnemann, the effects of medicinal substances are two-fold, viz, primitive, as the violent action produced by large quantities of certain drugs, purgation, sweating, &c.; and secondary, or homœopathic, in which the action is determined toward the diseased part; the active properties becoming more developed in proportion to the minuteness of the dose: in fact homœopathists are cautioned against too minute a subdivision of the medicine, lest it should become so energetic as to give rise to dangerous symptoms. I cannot, however, do better than extract one or two passages from the "Exposition," in order to illustrate this position.

"Besides, the homœopathic medicament acquires, at each division or dilution, an extraordinary degree of power by the friction or the shock imparted to it, as a means of developing the inherent virtues of medicines unknown before me, and which is so energetic, that of late, experience has obliged me to shake the mixture only twice, whereas, formerly I prescribed ten shakes to each dilution."

"Gold, silver, platina, charcoal, are without action on man in their ordinary state, but from the continued trituration of a grain of gold with a hundred grains of powdered sugar, there results a preparation which has already great medicinal virtues. If a grain of this mixture be taken and triturated with another hundred grains of sugar, and if this process be continued until each grain of the ultimate preparation contains a quodrillionth part of the grain of gold, we shall then have a medicament in which the medicinal virtue of the gold is so much developed, that it will be sufficient to take a grain, place it in a phial, and cause the air from it to be breathed for a few instants by a melancholy individual, in whom the disgust of life is carried so far as to incline to suicide, in order that, an hour afterwards, this person be delivered from his evil demon, and restored to his taste for life."

Hahnemann also says, speaking of silex or flint, "This earth being reduced to a millionth degree of attenuation, a grain of the powder is to be reduced to the decillionth dilution. In fact, dilutions to the billionth or trillionth degree produce effects much too violent; that of the sextillionth degree may be commenced with, but this only suits robust persons; in irritable subjects it is prudent to use only the decillionth dilution."

Of kitchen salt, he says, "A grain of salt is reduced to the millionth degree of attenuation; this powder is to be dissolved in diluted alcohol, and the division extended to the decillionth degree: carried to this degree of dilution, sea-salt is a powerful and heroical medicament, which can only be administered to patients with the greatest caution." These instances will perhaps, suffice to exemplify the doctrine.

"We find homœopathy," says Dr. Forbes, "maintaining that substance utterly powerless in a state of sensible bulk, can acquire astonishing power by mere subdivision. Can any proposition be submitted to human apprehension that seems more utterly improbable, more ludicrously absurd? To be called on to belive that the decillionth of a grain of charcoal or oyster shell is capable of producing hundreds of the most formidable symptoms—of curing, as by magic, the most inveterate diseases, while we might take ounces of the very same substance with no other inconvenience than from its bulk, seems so gratuitous an outrage to human reason, that the mind instinctively revolts from the proposition." — *Homœopathy, Allopathy, and Young Physic.*

The action of imponderable agents, as light, electricity, &c., has been adduced by some homœopathists to prove the action of infinitesimal doses of medicines; but it is evident that no similar comparison can be instituted; and in order for the analogy to be maintained, it should have been proved by the homœopathists, that persons can see better in proportion to the smaller quantity of light, and that they are more affected by heat or electricity in proportion to the smallness of the quantity of these agents applied. Hahnemann says, "Let mathematicians explain to them how true it is, that if a substance be divided into any number of parts, its smallest particle will always contain something of this substance, and therefore it can never become a nonentity." On which Dr. Wolf remarks, "If this be admitted in a strict sense, does it follow, therefore, that the effect of these substances on the human body in any imaginable small quantity, must not only be perceptible, but still greater than when in quantities many million times larger? The thick fibers of a piece of meat are divisible into those which are so small as to be perceptible only by the best microscope. Does it follow from this, that the decoction of such a microscopic fiber will afford the patient as much or even more nourishment after a homœopathic manipulation, than a strong broth made allopathically from some pounds of meat?

Homœopathic remedies may therefore be considered analogous with the *medecine expectante*, with this difference, that in the latter the patients know that the physician employs no remedies, but trusts entirely to the efforts of nature for their cure; whereas the imagination of patients treated homœopathically is acted upon, from their being led to consider the remedies employed, to be of an energetic nature, as will be seen in the sequel. The cures so pompously announced by the homœopathists, will in almost all cases be found to be simple recoveries by the efforts of nature, after a longer or shorter period, as in the following, published by a homœopathic physician.

"Madam C. V., aged thirty-six, affected with chronic gastro-enteritis, produced by grief and abuse of coffee. She had been treated by several physicians, and had been kept for three months on a milk diet; she had headaches, and menstruation had been suppressed seven months. She was prescribed pulsatilla, nux vomica, etc.; menstruation appeared in twenty-seven days, and in *three months* she was cured."

"Mademoiselle R. did not menstruate at her accustomed period, and was affected with a catarrh; she was prescribed pulsatilla; menstruation occurred in the following month, and the catarrh was cured without any other medicament."

On looking over the history of several of the cases treated at the London Homœopathic Institution, which were published in numbers, I find what might be anticipated, that they are very analogous to the above, viz., the ordinary slighter ailments generally met with in dispensary practice, which seldom require a long treatment, though most of these cases reported in the Homœopathic Annals required two, three, or four months' attendance before the patients were dismissed; and though the different globules prescribed are minutely stated, no mention is made of the attention to diet and regimen, the necessity of which is doubtless inculcated upon the patients, thus leaving it to be inferred that the recoveries take place from the globules—*post hoc ergo propter hoc.* The publication of these brochures, however, probably answered the purpose of an advertisement, for which it was intended. The greatest influence of the diet is, however, acknowledged in a recent work on Homœopathy as follows:

"If the homœopathic physician possess even an ordinary amount of penetration, he will soon perceive that the remedies which are chosen, nevertheless fail to effect a cure, unless great care be paid to the hygienic regimen and external means. The homœopathist must, therefore, after a few years, have his attention *almost exclusively directed to hygiene.*"—*Madden on Homœopathy*, 1846.

The only division of diseases by Hahneman is into acute and chronic. Of the former, but little is said in the Exposition; although they may arise from exterior causes, as cold, excesses, etc., yet in many cases they depend upon a psoric affection, and almost all chronic diseases originate from sycosis, syphilis, or psora (*vulgo*, itch). This latter, especially, is the cause of innumerable diseases, which great truth it took Hahnemann twelve years to find out. In mentioning some of the evils produced by this miasm, I quote his own words:

"This is the only fundamental and exciting cause of all the morbid forms, which, under the names of nervous weakness, hysteria, hypochondriasis, mania, melancholia, epilepsy, spasms of all kinds, rickets, caries, cancer, gout, hemorrhoids, jaundice, dropsy, amenorrhea, hemoptysis, asthma, and suppuration of the lungs, sterility, deafness, cataract, and amaurosis, gravel, palsy, pains of all kinds, etc., figure in pathology as so many separate diseases, distinct and independent one from the other. The modifications this miasm has undergone through millions of human constitutions, during several hundred generations, explain how it can assume so many forms."

It is scarcely necessary to call to mind, that many persons, while actually laboring under the itch, are in robust bodily health. The homœopaths of the present day (particularly the Scotch) do not, however, adopt this absurd dogma.

Abstinence from every thing of a stimulating nature, as condiments, coffee, etc., is recommended; even the smelling of delicate perfumes is prohibited, although the smoking of tobacco is allowed; which, considering Germany is the country where homœopathy originated, was an extremely politic measure.

The absurdity of a doctrine equally opposed to reason and every-day experience, could not fail to be immediately apparent to the medical profession, as well as the injurious effects that might arise from its professors being allowed to practice on the credulity of the public, a large proportion of whom is always to be attracted by novelty, especially if it be clothed in the garb of unintelligibility and mystery. In order, therefore, to show the value of the pretensions of homœopathy, the experiment was made in Germany, Russia, France, and Italy, of treating a certain number of patients in public institutions by homœopathic means, and an equal number by the usual methods. The results are such as might have been anticipated.

A German homœopathist, practicing in Russia, was invested, by the Grand Duke Michael, with full powers to prove, if possible, by a comparison of facts, the advantages of homœopathic measures over the ordinary modes of treatment; and a certain number of patients in the wards of a military hospital were entrusted to his care. At the expiration of two months, however, he was not permitted to proceed further; for, on comparing results, it was seen that within this period, out of four hundred and fifty-seven patients treated by the ordinary means, three hundred and sixty-four, or three-fourths, were cured, and none died; whereas, by the homœopathic method, tried on one hundred and twenty-eight patients, one-half only were cured, and five had died.

In order to ascertain and give publicity to the results, the Russian Government caused a certain number of patients to be treated homœopathically in one hospital, while in another an equal number of patients were merely subjected to regulated diet and appropriate regimen, without the exhibition of any medicine. The results were very similar in both instances, and the medical council appointed to superintend the experiments thus gives its official opinion:

"The medical council, after having attentively weighed the results of the experiments made according to the principles of the *medicine expectante*, finds that they greatly resemble the latter, and are probably based only on the *vis medicatrix naturæ;* for the infinitely minute doses can produce no effect upon the human body. The medical council is therefore of opinion, that the homœopathic practice should be prohibited in sanitary establishments dependent on government, for the following reasons:

"1. Acute diseases require energetic means of treatment, which are not to be expected from homœopathy.

"2. The homœopathic treatment of external lesions and surgical diseases is altogether out of the question.

"3. Some slight affections get well under homœopathic treatment, but similar affections disappear equally well without any medical treatment, by the adoption of an appropriate regimen, good air and cleanliness."

The homœopathist who introduced the practice at Naples, was, as stated by Dr. Wolf, "an *ignorant Bohemian barber!* who enjoyed the patronage of an Austrian general, to whom he was particularly recommended by Hahnemann. The public, as well as some talented young physicians who had adopted homœopathy, awoke from their illusive credulity, but not until the general, with many other persons of distinguished rank, had died or were injured by this all-curing art."

At the time homœopathy was in vogue at Naples, a commission was appointed by royal order, to superintend the treatment of a certain number of patients during forty days; the patients were selected by the physicians, and a separate ward in the hospital was appropriated to them.

It was first determined by the commissioners to ascertain whether some of the patients would not get well without the employment of any remedy; ten were consequently set apart, and all recovered. One of them had a gastric fever; the homœopathic physician wished to give him a drop of the tincture of St. Ignatius' bean, at the twelfth dilution, representing a quadrillionth part of the original drop. He protested against waiting, saying that the delay might compromise the life of the patient. The physicians reassured him; they reckoned upon a crisis occurring, which accordingly did take place in the night, and the patient was well in two days. Had the homœopathic dose been taken, the cure would most assuredly have been attributed to it.

Several slight affections were treated homœopathically and recovered, without the commissioners being at all able to ascribe any of the recoveries to homœopathy, as they would in all probability have recovered as soon by simple attention to diet. A third set of cases of a more serious nature, and requiring the assistance of medicine, were also treated by the homœopathic method, which was found altogether powerless, none of them obtaining any advantage. The cases were longer under treatment than usual, and several of the patients became worse, requiring the employment of ordinary measures for their cure.

In a fourth series of experiments with homœopathic remedies on healthy persons, no effects resulted from their administration. From these facts the commissioners deduced the following inferences: 1st, That the homœopathic treatment produced no effect; and 2d, That it had the serious inconvenience, in several of the patients, of preventing the employment of remedies by which they might be cured.

On account of the statement of a Dr. Luz, a veterinary surgeon at Leipsic, that he had performed several surprising cures by the homœopathic method on horses and dogs, trials were instituted on these in the veterinary school and hospital at Berlin. The experiments were conducted with the utmost exactitude, and in the presence of many students and homœopathists; and though the cases were similar to those described by Dr. Luz, not one was cured—not one confirmed his statements even in the slightest degree.

The experiments made in Paris to show how far homœopathy had claims to public confidence, also tend to prove that where any effects are produced, they are to be ascribed to the influence of the imagination.

First. Several medical students of the Hotel Dieu, chosen by a homœpathic physician, were subjected to the homœopathic regimen, and took at first one, then two, then ten, and at last eighty globules at a dose, of the most active medicines prepared by the only homœopathic chemist in Paris. In not one instance was the slightest effect produced.

Second. A number of pills made with inert substances, as flour, gum arabic, and starch, were given to patients who believed them to be homœopathic remedies. I subjoin two or three of the results obtained.

Aphonia, of six weeks' duration, cured in a few hours by starch pills *given homœopathically.* A girl, aged twenty, was admitted on the 14th January with complete loss of voice, which had existed since the middle of November. She had experienced a similar attack in the preceding year, but had recovered in fifteen days. Menstruation was regularly performed. A few days' rest, and the usual hospital regimen, produced no effect; she was consequently placed in the department where the homœopathic experiments were made, and was ordered two starch pills; the first to be taken in the presence of the physician, the next when four hours had elapsed. A few minutes after the first pill had been swallowed, the following symptoms manifested themselves—anxiety, pain, and uneasiness in the region of the heart and thorax, perspiration, with heat and eruption on the skin. The second pill appeared to aggravate these symptoms, with the addition of hiccough. She afterward fell asleep, and on awakening, was astonished to find, she could talk in a loud tone. The complaint did not recur, and she soon quitted the hospital.

A man, aged forty, was admitted about the same time as the preceding patient, complaining of sense of oppression on the chest. He had experienced an attack of hemoptysis a year before, and was exceedingly hypochondriacal. During the first few days, no treatment was adopted, and he continued in the same state. Four starch pills, which he supposed to be homœopathic remedies, were then prescribed, one to be taken regularly every six hours. Half an hour after swallowing each pill, the patient experienced anxiety, sense of oppression, spitting of blood. The pills were discontinued, and resumed on alternate days during a fortnight. Each time they were taken, they were followed by oppression, headache, acceleration of pulse, diuresis, and pains in all the limbs.

A girl, aged twenty-three, laboring under cough, with hectic fever and sleeplessness, was also treated by these inert pills, which she imagined to be homœopathic. Each time after taking a pill, the fever diminished, the cough was less fatiguing, and she slept better; she suffered more when she did not take it, and always requested to have her "calming pill."

The following case occurred to a physician in St. Petersburg: A lady, aged forty-eight, phthisical, had been treated by the homœopathic method during two years, when I became her physician; and as my efforts were unsuccessful, she requested me to treat her homœopathically. I consented, and gave her two grains of sugar, assuring her she would experience the effects of this powerful medicine for six days. The following day she received me with an ironical smile, saying, "One may easily see, doctor, that you are not accustomed to handle homœopathic remedies: that which you gave me was too energetic; it caused so much disturbance, that I did not expect to outlive the night; however, its action is in the end salutary, for I have not felt myself so well for a long time as I have felt to-day."

Third. Two physicians attached to a hospital experimented upon the *infirmiers*, or male attendants in their wards. One physician desired his *infirmiers* to note down every hour the sensations they experienced, after taking what they supposed to be a homœopathic agent. They all experienced various sensations, of which the following is a specimen: A young man in perfect health took eight pills, containing a minute portion of charcoal, and at the expiration of half an hour, had noted the following symptoms: headache, confusion, imperfect vision, flushing of the face. On repeating the same dose, the symptoms recurred, with violent perspiration.

Fourth. The other physician conducted his experiments differently; he took every morning six homœopathic pills, and at the end of a certain period, asked his *infirmiers* if they were willing to do the same; they consented, and did not experience the slightest effect.

Thus, in the former experiment, the individuals expecting to experience extraordinary sensations, from being required to note them down, do not fail to feel some, as would be the case with most persons under similar circumstances. On the other hand, those who saw no effect produced on their superior by the pills, also take them, and, not expecting any particular sensations, do not experience any.

I might adduce various other examples, but, being desirous not to extend this account, I shall content myself with briefly alluding to the experiments of Prof. Andral, at the hospital La Pitie.

A hundred and thirty individuals were treated by homœopathic remedies in the presence of numerous witnesses. The regimen recommended by Hahnemann was strictly adhered to, and the prescriptions prepared by a homœopathic chemist. The experiments were of two kinds: first to ascertain whether symptoms can be produced in healthy persons by medicines which cure similar symptoms when arising from other causes. Bark was one of the first substances chosen, and in various preparations was taken by M. Andral, and ten other persons, at first in homæopathic doses, which produced no effect; then in ordinary doses, which were gradually increased up to from six to twenty-four grains of sulphate of quinine per day. None of these persons experienced the least symptom of an attack of intermittent fever; the only effects produced by the large doses were slight indisposition and headache, in some whose stomachs were not so strong as the rest. Aconitum, which, accordiug to the homœopathists, is of superior efficacy in febrile diseases, was tried, and produced no effect. Sulphur was also tried by several persons, without any eruption being produced on the skin.

Thus the statement that remedies cause diseases resembling those which they cure, is an assertion utterly groundless.

The second kind of experiments was made to ascertain whether homœopathic remedies would in any case affect the progress of disease.

Several cases of intermittent fever were treated homæopathically. Some got well at the end of a certain period, which would in all probability have been the case, had no remedies been employed; in other cases no effect was produced, and, on the usual method of treatment being adopted, the patients got rapidly well. Similar results were obtained in treating febrile diseases and several chronic complaints, except that in some cases the patients got worse while under the homœopathic system.

[TO BE CONTINUED.]

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The American Association for the Advancement of Science meets this year, at Montreal, on the 12th of August.

LIFE INSURANCE.

The New York Life Insurance Company has paid eleven hundred and forty-one thousand one hundred and sixty-eight dollars for claims on deaths within eleven years—upwards of one hundred thousand dollars a year on an average from the commencement.

That is a very good contribution for any one company to make toward the benefits of life insurance in the United States, and that too within what may be properly called the first eleven years of life insurance in the country. It was doing well, and it is a fair subject of congratulation to the directors and managers of the company. The "New York Life" has accomplished that, and furthermore has now in hands to meet future claims on deaths an accumulation of assets amounting to $1,191,545 59.

In examining the annual statements of our life insurance companies, we should never limit ourselves to the mere technical consideration of the dry details of figures presented to us. To our mind the item, "Amount paid for losses by death, $176,558 29," which we find in the last annual statement of this company, is pregnant with instruction. That sum was distributed over 59 families, embracing persons in every rank of life. It fell upon them as a refreshing shower falls upon an arid, parched desert. What desert more arid, parched and inhospitable, than the "desert of life" to the widow and the orphan, when the husband and the father is removed? What fears and anxieties and terrors must that $176,558 have allayed and removed among those 59 families—how it must have brightened the future to some, and atoned for the past to others; peace and hope to some, to others forgiveness, charity and recompense. The story of that $176,558 does not end yet. There is a chequered record of disease around it. The company tells us in a table annexed to the statement for 1856, the "causes of death" of the 59 members who died within that year. Five of them fell down under the sudden blow of "apoplexy," and one died from "accident," which, most probably was as sudden as the apoplexy; eleven lingered out to death under the tedious torture of "pulmonary consumption," and eight more went off under "diseases of the lungs." Every vital organ contributed its quota of disease. Even the "brain," the seat of the soul itself, wore out six of the number, or rather let us say six of the members wore out their "brain," a lesson that ought not to be, but that surely will be lost upon all of us. "Fevers" were at work, too, and the fearful "yellow" epidemic took off a large proportion—eleven of its members. "Insanity" had one victim, and more sad than all the rest, "suicide" covered another.

Lifting up the mind from that bed of death, let us endeavor to imagine all the weeping women and wailing children, sorrowing relatives, friends and dependants, that hung over and around, and clung in one form or other to the mortal remains of those 59 deceased members of this insurance company, and then we can attach the proper meed of value to the aid, the comfort and consolation that the $176,558 provided by the prudence and forethought of the deceased, through the agency of that company, must have brought to all those bereaved and afflicted people.

But in all this there is no special peculiarity in the operations of the company referred to. We have been led into this digression by general considerations, involving the importance of all life insurance companies. It is well, however, for *one* company to have done so much; it is well, also, to remember, that it must do the like again; that the like, and more than the like, is required to be done this year, and will be *every year*. If any thing we have said should persuade any one man to insure, or convince any member of the necessity for "keeping up" his policy, we shall be well repaid for our observations.

To return to the financial statement of the company, which is embraced in the 12th annual report, we are gratified to see so steady a progress maintained in the business. The premiums for the year ending January 1st, 1857, were $348,863 91, being an increase of $28,978 89 in the receipts for the year 1855; the amount paid for "losses by death" being $176,558 29, exceeds the sum paid for same account in 1855 by 40,831,73, still the gross accumulated fund of the company has been increased from $1,059,008 65, at the close of 1855, to $1,191,545 59 at the close of 1856.

From the specifications of the assets of this company, it appears that the accumulated fund has been well invested, and in fact, in all respects the present condition of the company may be regarded as most satisfactory. As one of the oldest of our *purely* mutual life companies, it is a matter for general congratulation, that the New York Life now holds so strong and well established a position in the country. Its office has been managed with great skill, care and prudence. Mr. Franklin, the President, and Mr. Freeman, the Actuary, and their co-Trustees, deserve the good wishes of all the friends of life insurance.

The dividends declared for 1856, are of the same amount as those of 1855, namely, 30 per cent. in scrip and 6 per cent cash, interest on all outstanding scrip.

Before we close the notice of this company, on this very question of dividends, we desire to make some explanation. It has been made a subject of unfavorable remark against the N. Y. Life, that their scrip dividends are not paid off with their policies, or applied in the reduction of premium. Well, we confess that there has been a time when we regarded that question of dividends as an unsatisfactory one, but "experience teaches." The most material point is the *security of policy-holders.* **Now, unquestionably that security is better maintained by keeping up those scrip dividends as a *funded surplus*, than by annually or triennially extinguishing the amount, and thereby *pro tanto* reducing the accumulations of the company.** The policy of reducing future premium is now much questioned. Upon this point our attention has been directed to impartial and highly important testimony in the report of the eminent examiners who lately investigated the affairs of the "Mutual Life of New York," namely, Messrs. L. Bradish, Wm. Kent, and Henry J. Anderson. In their report, under date of July 22d, 1856, those gentlemen fully discussed the question of dividends, and the application of them to reduction of premium, &c. Having reviewed the whole question, they expressed their conclusions thus:

"And the Examiners cannot refrain from approving the disposition which they understand prevails with the Trustees, to watch, with increasing vigilance, the real import of remitting positive and secured future income, in exchange for a release from contingent and secondary obligations. So much do the Examiners commend this view of the matter, that they cannot withhold the expression of their hope, that the company will prefer to see their reversionary additions assume a *more* durable, rather than a *less* durable form. This might be effected within the limits of the charter by offering as the equivalent they present for the additions to the sums insured, not an extinction of a part of their future assets, but the conversion of the present or reversionary value of each distributive share which exceeds a small fixed amount into shares of proprietary stock, bearing a suitable interest, negotiable under the usual conditions, and subject, in the legal order of liabilities, to respond in case of failure of earlier resources. A surplus thus funded would obviate the only sound objection to the mutual principle, and would not be open to the complaint so often urged against proprietary companies, that the stockholders reap the fruits of other savings than their own."

Now, it does seem to us that this doctrine applies most directly to the system of the New York Life, and amounts to an absolute endorsement of the prudence of their plan of operations. It is not necessary for us to say more.—*Insurance Monitor, New York.*

AN ECLECTIC PROFESSOR'S VIEWS OF CALOMEL.

Well, at last we have Prof. Cleaveland's views in full, in a pamphlet of thirty pages; some might rather say the "*views*" of the Allopathic profession, on the question, "are mercurials antisyphilitic?" It seems Prof. C. has just found out that mercury will not cure syphilis. This is, at least, one step toward medical reform, and we hope he will continue his investigations, and perhaps find out (which is true) that there is seldom a case of syphilis where mercury is not used; *i. e.*, ninety-nine in the hundred of *constitutional* effects of venereal are the results of the use of mercury previous or subsequent to the disease. But we only suggest this idea to the half-converted Professor.

We had thought we should leave Prof. C. and his "views," to the notice alone of his Eclectic friends, but it may not be amiss to notice his lame reply to our notice of him last summer in the Journal of Medical Reform, since we can compare his views *then* with what they are *now*, or at least let us see if he has attained any new light. In that article, after quoting his remarks which first appeared in the American Lancet, he says: "Your readers have here presented the entire sentence from which Prof. Comings saw fit to make the extract, and I leave them to decide, if, when I say that in those cases where the *Old School* use mercurials," &c.

Now by putting in the "*Old School*" here, he makes his quotation appear somewhat plausible, but in the Lancet the term "Old School" was not used. So our good Doctor must not load the Old School with his own sins, for we fear they have as much as they can bear without taking his.

Again you say, "As a glandular stimulant, the podophyllum alone, or combined with blood-root, will be found equal to calomel." It seems, then, that after all this tirade against us, you only make podophyllin *equal* to calomel as a glandular stimulant.

But a little further on he says: "With the podophyllin, I can do all that any practitioner can with the preparations of mercury, *except* to counteract the syphilitic virus?"

What means this long essay, then?—why this magnified array of old authors both for and against the use of calomel? We think, then, that it needs "a judge, a lawyer and court," to understand what this Professor's "views" really are.

Come, Doctor, let us once more have *your own views* of calomel, and see if they will be any more satisfactory to others. There are few medical Reformers who care a fig for the opinion of Old School authors on the uses of calomel, for they are perfectly satisfied that it should never be used as a medical agent. If, however, you can enlighten your Old School brethren on this subject, God speed you in your efforts.—*Southern Med. Reformer.*

REVIEWS AND NOTICES OF BOOKS.

FROM THE LONDON LANCET.

The Treatment of Cancerous Disease by Caustics. By LANGSTON PARKER, Surgeon to the Queen's Hospital, Birmingham. London: Churchill. Birmingham and Manchester: Cornish.

This is the address in Surgery which was read before the British Medical and Surgical Association, at their late annual meeting at Birmingham. After enumerating the three modes practiced by surgeons for the cure of cancer—ablation or excision, compression, and the destruction or enucleation of the disease by escharotics or caustics—and briefly canvassing the question of the local or constitutional origin of cancerous growths, Mr. Parker remarks that the chief caustics which have been used in the treatment of cancer are arsenical pastes, chloride of zinc (Canquoin's) pastes, the concentrated mineral acids, the potassa cum calce in a solid form (Filhos' caustic), and the chloride of bromine, either alone or in combination with the chloride of zinc, antimony, or gold. There are others, but the author considers that all which can be accomplished by caustics may be attained by means of one of the preparations already mentioned.

Mr. Parker states that in several cases he has used the chloride of zinc paste with a gratifying amount of success, and that it may be made to act with a degree of precision unattainable by any other remedy, as it destroys the tissues in direct relation to the thickness of the layer of paste applied. The chief objections against its use are the necessity of first destroying the epidermis, and the pain occasioned by the application; the latter may, however, as the author asserts, be greatly diminished, if not entirely removed, by the application of ice and salt, on the plan recommended by Dr. James Arnott. The practical direction given is, that the integument surface should be protected from the action of the caustic by being covered with strips of cloth spread with a pomade composed of four parts of chloroform, and thirty of lard or cold cream.

The author lays it down that where the cancer is circumscribed and moveable, or in the immediate vicinity of large blood-vessels, its removal by excision is to be preferred; but that, on the other hand, where a great extent of surface is destroyed, and the patient is sinking from profuse discharges, caustics are generally preferable. Also that these are eminently useful in secondary cancerous formations. An advantage which attends the treatment of cancer by caustics is, that suppuration is more prolonged than after excision, and this process Mr. Parker considers to have a decided salutary effect. Caustics are, in his opinion, especially indicated in the treatment of cancroid or epithelial cancer of the lips, face, tongue, and some parts of the skin.

With respect to arsenical caustics, alarming and occasionally fatal effects have sometimes attended their use. To cancerous diseases of the lip the arsenical pastes are scarcely applicable for any continued period, since it is hardly possible to prevent a portion of the paste getting mixed with the saliva, and swallowed. M. Manec, who repeatedly used these caustics, directs that the arsenical paste should not be applied to a surface of greater extent than that of a florin. Mr. Parker admits that they are incontestably valuable remedies in the cure of cancroid diseases; and on the whole he considers that the caustics on which most reliance is to be placed, in the treatment of cancer, are the arsenical pastes and the chloride of zinc.

On the Nature and Treatment of Club-foot, and analogous Distortions, involving the Tibio-tarsal Articulation. By Bernard E. Brodhurst, Assistant Surgeon to the Royal Orthopœdic Hospital, &c. London: Churchill. 1856.

The author commences with a succinct historical *resume* of the origin of orthopœdy and tenotomy, and endeavors most impartially to give to each of his predecessors his full merit for discovery or improvement. Amongst the works referred to, however, we find an omission of the name of William Adams, although his labors are frequently referred to throughout the body of the work.

In relation to the discovery of subcutaneous tenotomy, the author relates the steps by which it has been brought to its present state of perfection. He shows the great merit of Delpech in laying down as a principle, that the tendon "to be divided should not be exposed, its section should be made by entering the knife at a distance from the tendon, and not through an incision in the skin parallel to it." The above are Delpech's words. Delpech, in dividing the tendo-Achilles, carried out this important principle in the following manner, as we learn from Mr. Brodhurst's book:—

"The patient being laid on his face, the knife was passed from side to side in front of the tendon, so as to divide the skin on both sides to the extent of one inch parallel to the tendon. The knife was then exchanged for a convex bistoury, with which the tendon was divided transversely from before backward, without injury to the covering skin. *Having satisfied myself* that the foot could now be flexed on the leg, I proceeded to fix the limb in the apparatus at the same angle at which it was held before the operation."—p. 14.

The result of Delpech's having divided the tendon with two large wounds,—namely, each one inch in length,—and of having satisfied himself that the foot could be flexed on the leg—which, explained, means that whilst the wound was yet fresh he employed probably moderate pressure only, to bend the foot, and thus further exposed the cellular and other tissues on the back of the leg,—was, that considerable suppuration with exfoliation of tendon ensued, and three weeks after the operation only one of the wounds had healed. Some weeks later. after the form of the foot was restored and a useful member was obtained, abscesses on the thigh and groin further embarrassed the credit of tenotomy. In truth, the patient's limb had been jeopardised. A storm of censure from Delpech's contemporaries arose; and although he practised orthoœpdy fourteen years afterward, he never ventured to repeat the operation. Tenotomy is known to have been practised by Thilenius in 1784, Sartorius in 1806, Michaelis in 1809, Delpech, in 1816. These dates show that individual surgeons were acquiring increased confidence in surgical means of curing deformities; but the unfavorable course of Delpech's operation evidently discouraged the profession; for it was not until 1830 or '31 that Stromeyer gave his penetrating mind to the discovery of the reasons of ill-success in Delpech's operation.

Compare, now, the account given by our author of Stromeyer's first operation:—The patient being seated.

"I passed (says Stromeyer) a small curved-pointed knife behind the tendon, two inches above its insertion, the back of the knife toward the tibia, and its cutting edge so close to the tendon that it was divided, in introducing the knife, with a cracking noise. *My intention of making the outer wound as small as possible, to pre-*

vent the entrance of air, and to avoid suppuration and exfoliation of the tendon, was perfectly accomplished; for the point of the knife only passed to the opposite side, without producing a bleeding wound; and the point of entrance of the knife was only as broad as the blade itself. . . . On the third day the wound had healed."—p. 18.

This was indeed the discovery of subcutaneous division of tendons, an operation which, in relation to the treatment of deformities and its wide application to other surgical cases, has immortalized Stromeyer.

We do not remember having read a description of the varieties of club-foot in which the degrees of varus are so nicely discriminated as by our author; for example:

"The third degree of varus is the ordinary form of congenital varus; the foot is inverted, and the inner edge is so raised that the plantar surface describes a right angle, or nearly right angle, with the horizon; the dorsum presents outward, and the heel is elevated; the sole of the foot is shortened, and presents an unnaturally concave and irregular surface. The first phalanx of the great toe is extended by the extensor proprius pollicis, which is slightly retracted, and the extensor muscles of the foot are more retracted than in the second degree of varus."—p. 28.

Mr. Brodhurst believes rightly, we think, that the psychological influences in the mother explain the origin of congenital club-foot. He says:

"I have known so many instances in which emotion has been the cause of derangement in the system of the fœtus, and cause and effect been recognized and acknowledged in some at the time of their occurrence, and without waiting for demonstration of the effect until the termination of gestation, that I cannot doubt its influence."—p. 53.

The following facts are interesting and significant:—

"Children who are born with these distortions, are frequently subject to convulsive disorders; and the recurrence of distortion after its entire removal, whether by operation or mechanical treatment, indicates the persistance of nervous irritation. There is an inclination to the recurrence of distortion after restoration of the limb in every instance of congenital distortion. Occasionally, it returns suddenly at the moment of an epileptic seizure, or on the child being convulsed."—p. 57.

We cannot say that we have often observed children affected with ordinary club-foot become the subjects of convulsions; but we have noticed that infants born with complicated and numerous distortions generally die in convulsions, or other symptoms of cerebro-spinal disease. The author rightly points attention to the liability of recurrence of congenital deformity—we would have added, in all deformities, whether congenital or acquired.

Mr. Brodhurst gives also an encouraging view of spasmodic non-congenital deformities, and relates an interesting observation of the effect of the sleeping state in removing contractions, which will remind the physician of the same phenomenon in severe rhythmical chorea (p. 77.)

The directions for operations are clear and sensible, and worthy of careful perusal.

Parents may less grieve over the birth of a child affected with varus when it is known that in "infants, removal of distortions is so complete that it is sometimes impossible to assert with precision which foot has been operated on, without searching for the minute cicatrices of the punctures; and not only is the shape of the foot restored, but perfect freedom of use is also gained."

We must now bring this article to a close, not without stating that the thinking practitioner will find in Mr. Brodhurst's book many original observations which will well repay perusal, numerous statistical tables, interesting to the pathologist not less than to the practising surgeon, and many suggestions relative to the nature and treatment of congenital and non-congenital distortions which no practitioner should neglect to consult. We cordially congratulate the author on the successful achievement of an arduous labor, and the art of orthopœdy on the addition to its literature of so honorable a production. The work throughout is embellished with a large number of well-executed drawings.

SELECTIONS FROM FAVORITE PRESCRIPTIONS.

BY HORACE GREEN, M. D.

Among the remedies obtained from the organic or vegetable kingdom, are several therapeutic agents that are not found in many foreign pharmacopœias, but which are much employed and held in high estimation by many American practitioners. Among these may be mentioned the *Sanguinaria Canadensis*, the *Actæa Racemosa* or *Cimicifuga Racemosa*, as this plant is named by some botanists, and the *Veratrum Viride*, or *American Hellebore.*

The Sanguinaria, or bloodroot, has long been employed as an excitant and alterative, and is a favorite remedy with many practitioners in New England and in the Western States. It is ordinarily administered in the form of a tincture; but the officinal preparation of our pharmacopœias (four ounces of the root in two pints of diluted alcohol) is nearly an inert preparation; and, as this is the strength of the tincture ordinarily kept and dispensed by our apothecaries, we have long been of the opinion that the disappointment in the effects of this remedy, which has occurred to many practitioners, has arisen altogether from the fact, that they have prescribed a preparation too weak to be efficient. We have used the sanguinaria in the treatment of disease, during a period of many years, but we have always employed the *saturated tincture* (four ounces of the bruised root macerated in one pint of alcohol), and we can speak with much confidence with regard to its valuable therapeutic properties.

The following combination of the bloodroot with the compound tincture of aloes, is employed by some experienced practitioners in Ohio, in the treatment of a torpid condition of the bowels, arising from a derangement of the hepatic organs, and is esteemed an excellent eccoprotic:

℞ Saturated tinc. bloodroot,
Comp. tinc. aloes—equal parts. M.

From 30 to 60 drops of this preparation may be administered twice daily. It tends to improve the digestive organs, and to increase the peristaltic action.

℞ Saturated tinc. bloodroot,
Wine of ipecac—equal parts,

To which, in some instances, a little laudanun is added.

The above combination is employed by many Western practitioners, in the treatment of fevers, and is considered by them a most excellent *febrifuge.* But it is in the treatment of some kinds of cough, dependent upon bronchial irritation, that we have found the saturated tincture of sanguinaria to be a remedy of the highest excellence.

℞ Tinc. of bloodroot	℥j
Laudanum,	ʒij
Wine of ipecac	ʒvj
Syrup of tolu	℥ij

Make a mixture, of which take from 30 to 60 drops four times a day.

In catarrhal affections, and in cases of troublesome cough following influenza, the above preparation may be given with much advantage. We have employed it for many years to mitigate the cough in the early and advanced stages of phthisis.

We are assured by an old and experienced physician of the State of New York, that he has succeeded in overcoming habitual constipation more frequently with the following pill, than with any other laxative:

℞ Powdered bloodroot,	
Powdered rhubarb, āā.	ʒj
Soap	℈ij

Mix and make into a mass with water, to be divided into thirty-two pills, of which one is to be taken morning and night.

The *Actæa Racemosa*, or *Cohosh*, or *Black Snakeroot*—names by which this plant is sometimes called—is a native of the United States and of the Canadas. It has been employed as a popular remedy in this country for many years, for the treatment of pulmonary diseases, rheumatism, chorea, anasarca, etc. Early in the present century, a nostrum, or secret remedy, which obtained great celebrity in many of the New England States, on account of its success in the treatment of rheumatism, was composed principally, as it was subsequently ascertained, of a saturated tincture of actæa racemosa.

We find this remedy to be held in high estimation by many excellent practitioners from different parts of the United States, for the treatment of the above named and other kindred diseases. During a period of more than twenty years, we have employed the actæa as a therapeutic agent, either alone or in combination with other remedies, with great advantage.

It is best administered in the form of tincture, but it may be given in substance or in decoction. The *saturated* tincture (four ounces of the root to one pint of alcohol) should only be employed. It may be given in doses of from twenty to forty drops, repeated every two or three hours, in cases of acute rheumatism.

Its powers in rheumatic affections, and in anasarca, are greatly increased by administering it in the following combination:

℞ Tinc. black snakeroot	℥j
Iodide of potassium	ʒij
Syrup of ipecac	℥j
Spring water	℥ij

Mix: give a teaspoonful three or four times a day.

In chronic bronchial disease, and in the early stage of phthisis, it has been proved to be an excellent and efficient remedy, when combined with an anodyne, and the tincture of sanguinaria.

℞ Tinc. black snakeroot,	
Tinc. of bloodroot,	aa. ʒj
Sulphate of morphia	gr. ij
Syrup of gum arabic	℥ij

Mix: give a teaspoonful when the cough is troublesome.

In the treatment of chorea, the *cimicifuga* has been extensively employed in the United States.

After free purging for several days, preparatory to its use, many practitioners depend upon this remedy for the cure of chorea. By some it is administered in the form of decoction.

℞ Black snakeroot	℥j
Boiling water	Oj

Make a decoction, of which take two tablespoonfuls three times a day.

Other practitioners prefer the use of the powdered root, administering it in doses of a teaspoonful three times a day.

In the treatment of dropsy, the following is a preferred prescription, and has been much employed by an experienced practitioner in Massachusetts:

℞ Tinc. black snakeroot	℥j
Tinc. of myrrh	ʒvj
Laudanum,	
Tinc. of red pepper, aa	ʒj

Make a mixture; take thirty or forty drops four times a day.

The *Veratrum Viride*, or American Hellebore, is found in various parts of the United States, and is a native also of the Canadas. The plant is known in some places as *Swamp Hellebore*, *Indian Poke*, *&c.* and is found growing in swampy places, in meadows, and along the borders of water courses. It belongs to the same order of plants as the Colchicum Autumnale, and was highly recommended, many years ago, by Prof. Tully, of New Haven, as a substitute for colchicum in the treatment of those diseases for which this latter remedy has been employed. Within the last few years, public attention has been called especially to the remedial powers of the veratrum viride, by Dr. W. C. Norwood, of South Carolina, who has devoted much time and careful attention to ascertain the nature, properties and uses, of this powerful remedy; and whose vast experience in its use, he declares, "fully justifies him in confidently asserting to the profession, that it stands unrivaled as a curative agent."

The experience of Dr. Norwood, as to the effects of veratrum in disease, has been corroborated by some of the most eminent physicians in the South-west. In a paper read before the Tennessee State Medical Society, and published subsequently in the Nashville Journal of Medicine and Surgery, Prof. C. K. Winston asserts that the veratrum viride is an arterial sedative of high power; that the most remarkable, and at the same time the most important physiological effect of the remedy is the reduction of the heart's action. The pulse, he affirms, may be reduced by the veratrum, "from 130 to 40 beats in the minute, with entire safety to the patient, and without the least injury to the circulatory or nervous system."

Employed in the early stage, before the occurrence of organic lesions, the veratrum viride is peculiarly adapted to the treatment of pneumonia, pleurisy, rheumatism, typhoid fever, pulmonary inflammation, and in the phlegmasiæ generally it is regarded as more or less valuable.

In a pamphlet recently published by Dr. Norwood, on the "Therapeutical Powers and properties of Veratrum Viride," the author reiterates his confidence in the great value of the remedy, and appends the favorable opinions of many eminent physicians of the South and West, who have employed the veratrum with great success in the treatment of disease. "We rely on it," writes the author, "as the remedy in typhoid fever, and administer it with every assurance of success We put the patient upon the free use of it, and press it until every symptom is controlled or arrested. Our plan is to reduce the pulse to between 55 and 75 beats, and keep it at the point desired night and day.

In some cases it should be reduced to at least the natural standard, if not below it. By this kind of reduction, the febrile and inflammatory symptoms vanish, and the patient is kept quiet, tranquil and comfortable."

In pneumonitis, Dr. Norwood considers it "as much a specific as quinine is for intermittent fever;" and in combination with diuretics in the treatment of scarlet fever, he finds it "superior to all other remedies he has ever tried." With regard to the power of the veratrum viride to reduce the heart's action, no doubt whatever can remain.

We have employed the remedy frequently since 1851, when Dr. Norwood gave us a quantity of the tincture prepared by himself. It has never failed in our hands, when properly administered, to diminish arterial action. In one instance of tuberculosis, a pulse of 120 was reduced to 58 beats in a minute, and kept steadily at that point day after day. Its effect, as an arterial sedative, has been fully tested by our colleague, Prof. Carnochan, on many of his patients in the Emigrants' Hospital. In one case, a pulse of 130 was reduced to 68 in fifteen hours; and in a case of articular rheumatism, the exhibition of the tincture in doses of from five to eight drops every three hours, a pulse of 120 was reduced to 30 in fifteen hours.

The saturated tincture, "made by macerating eight ounces of the dried root in sixteen ounces of alcohol for at least two weeks," is the form in which the remedy is usually employed.

In the following combination, the tincture is administered by Dr. Norwood:

℞ Tinc. of green hellebore,
Syrup of squill—equal parts.
Mix thoroughly.

Of this mixture, to an adult male, Dr. Norwood advises to begin with from four to six drops, increasing the amount from one to two drops at each subsequent dose, until the pulse is reduced, or nausea and vomiting are occasioned, when the medicine is to be diminished one-half, and continued so long as may be necessary to prevent a return of the symptoms. In females, commence with from three to four drops, and increase as above until the necessary result is obtained.

When administered to children, the remedy is given in the following proportions:

℞ Tinc. of green hellebore ʒss
Syrup of squill ℥jss
Mix well.

From two to three drops of this combination may be administered to children (from one to two or three years old) according to age, increasing one drop at each subsequent potion, until arterial action is reduced, or nausea or vomiting occasioned.

When the veratrum is administered too freely, nausea and vomiting will, in some instances, be very severe, and will be attended with prostration, and great coldness of the surface. When these symptoms occur, they are promptly relieved by the administration of an opiate and brandy or any of the alcoholic stimulants.—*Medical Monthly.*

POISONING BY ACONITE, BY ALLEGED SPIRITUAL COMMUNICATION.

BY WALTER CHANNING, M. D.

Mr. ——, aged nearly forty, had a chronic dysentery for fourteen months. It was replaced by rheumatism, and this by paralysis. He recently met with a lady who was suffering severely from chronic rheumatism, and who said she had found much relief from an examining medium. He asked the lady what physician had appeared on her behalf. She said Dr. ——, the same friend of mine who appeared in the cases communicated in my paper on spiritualism, published in a recent number of the Journal.

Mr. —— was induced to visit the medium referred to, Mrs. C. He paid the dollar, and the sitting began. Paper and pencil were at hand, and he was requested to listen to the oracle. Dr. —— being declared present, he was asked what were Mr. ——'s complaints. He had "liver"—a tender and inflamed spine, viz: at the lower end of the column, and lame legs. The latter trouble was obvious enough. The diagnosis was summarily settled, and remedies were next demanded. Mr.—— was desired to take the pencil, and to write down the prescriptions. They were as follows. The original is before me:

"Arnica plaster across the small of the back."

"One quart of cider, ½ oz. pleurisy root, 14 oz. sweet flag; ⅛ oz. aconite root. Stand in the cider four days; then use a wine glass full three times a day."

"Bathe in warm salt-water twice a week, rubbing well."

"Obtain some volatile ointment at William R. Brown's."

"Bottle peach cordial—take a wine glass full twice a day."

Mr. —— said that he had read the recipes and directions again and again to Mrs. C., and she answered him each time that he had written them down correctly.

I was called to see Mr. —— June 8, 1857; found him in great distress. He was sitting, but rose, and attempted to walk. So unmanageable was his muscular power that he could keep in no one direction—throwing his arms and legs about in utter confusion. His face was livid, without expression, and as if dead. It was cold. Sight at times was gone, and when he could see one person in motion represented many, producing such confusion that he begged every one to remain at rest. The pupils were dilated almost to their edges. Speech was difficult at first, and then became impossible, or so difficult and painful that he begged not to be spoken to. The jaws were sometimes locked, and the tongue stiff and unmanageable.

Respiration was laborious, and sometime seemed impossible, so distressing was it to breathe. Constant demands were made for the fan. The pulse at times could not be felt. When felt, it was slow, irregular, and very small; in number from twenty to thirty. It was for some time felt in the right wrist. Its irregularity was singular. Thus, for two or three beats it was regular, then intermitted, then two or three very rapid beats. Sometimes they were between forty and fifty. His natural pulse, in health, was about eighty. There was tingling, and the feeling of the limbs being asleep. Slight nausea, but neither vomiting nor purging.

One symptom was especially distressing. This was a feeling as if the abdomen were bound round with a rope, and at the same time a sense of being as large as a barrel, and that it would certainly burst; the abdominal walls being as hard as a board.

I asked for the cause of these symptoms, and learnt that at seven A. M., he had taken a wine glass of the aconite mixture. He complained of unusual sensations immediately after, but went to breakfast, which was two tumblers of water and one and a half small fish balls, and a small bit of bread. He found himself more comfortable while walking, and walked to his place of business, a short distance. He attempted to write, but failed, and walked home again. Again he went to his office, his wife with him, but having entered the street door, he could proceed no further, and sat down. His wife called a friend down, and he walked home again. He was barely conscious of this: he knew he was on the sidewalk, but did not see it. Upon reaching his house, some brandy was given him, and I was sent for. I was told that the wine glass of medicine contained much of the powder which was put to the cider; this last had fermented, and the powder had been forced up by the process, and remained suspended in the froth which filled the neck of the bottle.

Such were the symptoms, and such was the poisonous mixture swallowed immediately before their appearance. The sufferer said he was dying; and no one, having seen and examined him, could much question what he said.

An emetic of wine and ipecacuanha and sulphate of zinc was given, which, in a few minutes, produced thorough vomiting. The matter vomited a cream-colored, gruel-like fluid. Warm water was next given, which some time after was vomited. Mr. —— experienced some relief, as soon as he could say anything. It was vision that improved first. "I can see the light; I can faintly distinguish objects." Great pleasure was expressed at the change. Still, there was scarcely any pulse—in the left wrist none could be detected, and the coldness continued. Brandy was in constant use, the glass being carried to his mouth, he being incapable of holding it.

At length reaction began to declare itself. He became conscious of being cold, and stopped the fan, and begged that the windows might be closed. The pulse in the right wrist became more distinct, and occasionally it was perceived in the left. It was irregular after a singular manner. Thus: for two or three beats it was regular, then two quick beats and a pause. When the pulse could be counted, it was between forty and fifty. Mr. —— said his pulse in health was between 80 and 90. Said he, "I am now conscious of the motion of blood in my veins. It seems as if it was slowly passing through them." The abdominal muscles at length began to relax. Some color retured to the lips and warmth to the head. But in these last three particulars, reaction latest appeared. At noon Mr. —— was found very comfortable.

Some of the symptoms of poisoning by aconite were wanting. There was no vomiting or purging. There was, or had been, some nausea, but this was not felt when Mr. —— was first seen by me. Nearly three hours had passed since the poison was swallowed, and fatal symptoms were fearfully present. They disappeared under the treatment employed.

June 9th. Called on Mr. ——. He had gone to his office, and, except weakness, was reported well.

June 10th. Mr. —— called upon me, and stated some facts not before known by me. Among other things he gave me an account of his visit to the "examining medium," and gave permission to publish his name and that of the "medium," if it would do anything to check this wide spread and most dangerous form of delusion and imposition.

The prescriptions of my late friend, Dr. ——, as reported in my paper on spiritualism in a late journal, were at least innocent. "To sit in the sun, and drink no wine," and simple herb teas, could hurt nobody. Whose spirit it was which appeared to Mrs. C. when Mr. —— was prescribed for, I do not know. It is pretty clear that he came very near killing his patient.

And a question may arise, what would have been done had death, so fearfully near, occurred.—*Boston Med. Journal.*

Part 3.—Editorial.

ECLECTIC MEDICAL INSTITUTE.

Our readers will find the annual Announcement of this college in this number of the Journal. No changes occur in the Faculty, except the exchanging of the chairs of Surgery and Practice. Prof. Freeman now fills the chair of Practice and Medical Pathology, and Prof. Newton that of Surgery; Prof. Powell taking the Emeritus relation of Cerebral Physiology.

We learn that every member of the Faculty will be in the city at the commencement of the session. The college edifice and all the necessary facilities are in ample order, with every advantage here that can be found at any medical college.

CLINICAL INSTRUCTION.

The students of the Institute will have ample clinical advantages. They will be able to see, from the chairs of Practice and Surgery, the modes of treatment taught in the college fully demonstrated at the college clinic, and if they desire, will also have the privilege of attending the Commercial Hospital.

AN ESSAY ON THE LIFE OF PROF. JOHN LOCKE.

We have received a publication bearing this title, from the pen of M. B. Wright, M. D., and have perused it with much interest. Dr. Wright is a fluent and forcible writer, and he has done full justice to Dr. Locke in this work. We would recommend it to all the medical profession.

A DEAD MAN TO GIVE A COURSE OF LECTURES.

We have just received a circular from C. H. Cleaveland, one of the chief "bogus stock operators," in which his name and others are associated with that of a dead man, announcing that they will give lectures to all who will attend. Now this is a little further into spiritualism than we had supposed any one had gone since the Boston committee made their report.

PROF. G. W. L. BICKLEY.

We are happy to be able to inform the many friends of Prof. Bickley, that he has so far recovered his health as to be able to visit the Springs of Virginia, where he will remain for a time, in order to improve his condition; after which he purposes visiting his old homestead and family in eastern Virginia, and may not be in Cincinnati before the commencement of the session.

FEMALE MEDICAL STUDENTS.

While we do not oppose the medical education of ladies, we would advise all such students to avail themselves of the ample opportunities now afforded them at medical schools established for their exclusive benefit.

We are informed that hereafter no female students will be admitted in the Eclectic Medical Institute of Cincinnati.

LIFE INSURANCE.

The importance of this institution is fully set forth in an article in this number. We would advise every physician to have a few thousand on his life for the benefit of his family in case of death. This will be a more reliable income than a bushel basket full of such notes and bills as are to be found among the assets of any physician.

HOMŒOPATHY.

We call special attention to the republication of Dr. Lee's work on this subject, which we have commenced on page 351. It will be continued until the work is completed. This is a master argument, and one that no homœopath has yet answered.

DR. GRISWOLD ON GONORRHEA.

In this article the Doctor has expressed some rather novel ideas in regard to the production of gonorrhea. From our own observation, we do not believe that this disease can be produced by leucorrhea.

COMMUNICATIONS.

We have several communications on hand, which will appear in future numbers.

UNION ECLECTIC MEDICAL SOCIETY OF CLERMONT COUNTY.

We attended a quarterly meeting of this association on the 18th ultimo. Several papers were read by members of the association on practical subjects, and many topics of interest were introduced and ably discussed. We were highly pleased to see the interest manifested in medical progress. The proceedings of the meeting will appear in the September number of this Journal.

DRS. CLEAVELAND AND COMINGS.

On page 360 of this number, will be seen Dr. Comings' notice of Dr. Cleaveland's compilation of the views of many physicians on the use of mercurials in syphilis; yet, after all this, he does not change the views as published in the Northern Lancet in 1856, as will be seen by referring to the article. If he is himself opposed to the use of mercury, why does he not say so? This Dr. Comings asked him to do at the time; he did not, nor does he now. Dr. Comings was right in this matter, in exposing Dr. Cleaveland's attempt to carry water on both shoulders.

A SNAKE REMOVED FROM A WOMAN'S STOMACH.

The Logansport (Ind.) *Pharos* gives an account of one of the most remarkable triumphs of angling ever performed since the piscatory art was first practised. The feat was nothing else than the removal of a snake from the stomach of a Mrs. E. Ryan, by Dr. Myers, of Logansport, with his patent tapeworm trap.

The following is the account given of the transaction:—Mrs. E. Ryan, of Fort Wayne, about twenty years of age, has been severely afflicted for four years with a sensation in the stomach, as though there was some reptile moving in it. During that time she was treated for various diseases by numerous physicians of skill, and by several for tapeworm. Hearing of Dr. Myers' new process for the removal of parasites from the human stomach, Mrs. R. went to Logansport and placed herself under his charge. Within two weeks Dr. M. removed from her stomach a snake about three and a half feet long, and one and a half inches in diameter, and relieved her of all her suffering, instead of aggravating it, as had been the result of previous treatment she received. During the latter part of her illness she was unable to attend to the domestic cares of her family, or even to take care of herself. It required two hours to prepare for retiring at night; an equal time transpired before she could lie down, and often she was deprived of sleep for nights together. Frequently she would walk the floor until exhausted, because unable to lie down without the most excruciating pain. Mrs. Ryan's own words are, that her sufferings were such that she often prayed for death to relieve them. Mrs. R. supposes she swallowed the snake, which was apparently of the water species, while drinking from a spring in the evening, at her former residence west of Fort Wayne. She left the care of Dr. M. for home, feeling as though she was saved from worse than death.

INDIANA STATE ECLECTIC MEDICAL MEETING,* INDIANAPOLIS, JUNE 30, 1857.

A meeting of Eclectic physicians of the State of Indiana was held at Indianapolis, June 30th, 1857, as per arrangement, for the purpose of organizing a State Medical Association. On motion, Dr. Wm. H. Kendrick was called to the chair, and O. H. Kendrick was appointed Secretary. After a few preliminary remarks from the Chair, explaining the object of the meeting, the following resolution was offered by Dr. G. L. Gibbs, of New Albany, and was adopted:

"*Resolved*, That this Association shall be known by the name of the Eclectic Medical Association of Indiana."

On motion of Dr. Merrill, of Indianapolis, it was

"*Resolved*, That the permanent officers of this Association be one President, two Vice Presidents, one Recording Secretary, one Corresponding Secretary, and one Treasurer."

On motion, the following gentlemen were elected permanent officers for the ensuing year, viz: Wm. H. Kendrick, *President*; G. L. Gibbs and J. W. Young, *Vice Presidents;* O. H. Kendrick, *Recording Secretary;* J. N. Green, *Corresponding Secretary*; and L. Abbott, *Treasurer*.

On motion, the Chair appointed J. F. Merrill, S. D. McCann, and J. W. Young, a committee to draft a constitution and rules of order to be presented at the next meeting.

"*Resolved*, That the proceedings of this meeting, with the names of the members present, be sent to the Eclectic Medical Journal, American Medical Journal, College Journal, and Physio-Medical Recorder for publication.

"*Resolved*, That this convention extend a cordial invitation to the members of each faculty of the different Reform schools of medicine of Cincinnati, to meet with us at our next regular meeting."

"*Resolved*, That the thanks of this convention be tendered to the trustees of the church, for the use of their house during the sitting of this convention."

"*Resolved*, That this meeting do now adjourn, to meet again during the approaching State fair, subject to the call of the officers of the Association.

Names of Members Present.

J. W. Young, Gosport.
G. L. Gibbs, New Albany.
S. D. McCann, Greenwood.
L. Abbott, Indianapolis.
D. Rollin Malone, Harrodsburg.
U. N. Mallette, Bedford.
J. H. Canada, Greensborough.
J. W. Jay, Raysville.
C. C. Austin, Greensborough.
J. F. Merrill, Indianapolis.
Wm. H. Kendrick, Indianapolis.
J. N. Green, Indianapolis.
S. M. Weaver, "
O. H. Kendrick, "
—— Riddle, Franklin.
J. C. Dixon, Attica.

Wm. H. Kendrick, *Pres.*
O. H. Kendrick, *Sec.*

It will be seen that there is a determination to establish this Association upon a high standard of medical qualifications, as well as moral worth. This is a good move, and we really hope that the Eclectic profession will take up this matter and never rest until not only the profession, but the public at large, may know who are really qualified to practice the healing art—who they may rely upon under all the circumstances connected with the relation which the public hold to the profession.

There never was a time when it was more important to the profession to know themselves who are really high-toned, qualified and successful practitioners—men who are above all those little petty differences which so often mar the interest and usefulness of medical men. One bad man in the profession will do more injury than can be overcome by hundreds of the best men in our ranks, and such are continually trying to produce discord and trouble, caring but little with whom or for what, so they can become notorious, hoping that such notoriety will hide their ignorance, and allow them an opportunity to pass unexposed. The Eclectic profession should, by all means, labor to rid itself of such men—of all mongrelism, and in fact, of every man who will not stand up to the last for the great truths and principles of medical reform. To this we know that no reasonable and honorable man will object; no one who really appreciates the high and responsible position which is assumed by the physician.

We must have workers—those who are able by their works to show to all observers, that they are no pretenders; that they are willing to compare statistics; that they rely upon facts obtained from real observation and practical experience. Away with all ethereal speculation, and let us have real facts, one of which is worth volumes of what some call "*theory or real science.*" In medicine, nothing is really valuable, unless there is a practicability about it. No man ever knew the property of a single article in the materia medica, until it had been used; no man ever knew the organization of any part of the human body until he had studied and demonstrated it; no man could ever classify disease, or give a rational reason for such arrangement, without carefully studying and observing the same; and yet we find hundreds who never have allowed themselves to be thus schooled. And while men of science, ripe scholars and good practitioners, being thus by making use of the proper means of obtaining such knowledge, fear and tremble, when attempting to discharge their duty, lest by some mismanagement, from not understanding as they should the peculiarities of the case, others rush headlong, fearless and regardless of consequences, and kill by the hundred; and yet they claim not only the right to be considered by physicians as their equals, but that the public should continue to bestow their patronage upon them. For all such failures the profession has to be more or less responsible, for the public eye is not always open to the real condition of such facts.

We do once more appeal to the entire medical profession, and especially our own branch, to clear itself of all dishonorable pretenders. Let us have a clear fountain, and the stream will necessarily be pure.

We hope to see all who intend to make medicine a profession, qualify themselves for it, and never rest satisfied until they have obtained its highest honors by being fully prepared to treat diseases, and having cured their patients in the shortest time, and by the use of such means as will not leave the body in a permanently impaired condition.

We hope to see Associations for this purpose in every State and county, and a perfect union among all real and well qualified reformers. If this was done, it would be the means of saving from an untimely grave, hundreds of the human family every year.

CONCENTRATED REMEDIES.

BY W. M. INGALLS, M. D.

[The following communication was received too late for insertion in the proper department.]

Among the many improvements in the various branches of our profession, none claims our attention more than the new remedies now being introduced into practice.

There is no department in our profession which elicits more inquiry, than that of organic chemistry, in isolating the active principles of our vegetable materia medica, and I am happy to believe it is winning laurels in favor of a sanative practice of medicine.

We are informed by the process instituted to dispose of the inert principles of plants, that the medical properties consist, in some instances, in three distinct qualities of the plant, which are necessary to receive the medicinal properties, and affect the human organism in the same manner we find the crude article exerting its beneficial effects in controlling disease.

We find a great variation among medical men, in forming an estimation of the value of certain vegetable remedies in the crude form, owing to the great variation of the amount of the active principles they contain; but by the process of isolation, and a recombination, we are certain of obtaining the full benefit of the remedy we prescribe.

It will be observed that not only for the minuteness of the dose of the remedies presented in a concentrated form, they claim our attention, but the certainty of the effect recommends them to the favorable consideration of all intelligent members of the profession.

We are in favor of this process of isolating active principles, and obtaining all the medical properties of the plant, and then combining them, which constitutes a process designed to obtain all the medical qualities of the crude articles, and calculated to give general satisfaction in clinical practice.

We are proud to hail medical agent after medical agent, in this new field of labor, and the cause is not losing adherents on account of a lack of interest, but every day brightens the prospect of another grand achievement in the science of organic chemistry.

Many who were once the violent opposers of the Eclectic practice of medicine, are favorably inclined toward our remedies, and ultimately will approve the fundamental principles of our practice.

We have now a valuable list of concentrated remedies, numbering nearly fifty, reliable, and claiming our attention in the treatment of disease. The desire on the part of the profession to test the virtues of the organic remedies is increasing, and the only method to bring these remedies into notice, that all may become acquainted with their therapeutic value, is to report through our medical journals, the experience of each member of the profession.

I have been testing the medical properties of senicin, as a remedy in urinary diseases, also amenorrhœa, dysmenorrhœa, &c, and am fully satisfied as to its superiority over any other remedy I have ever used in the diseases specified. I have used it in gonorrhœa in connection with hydrastin and iodide of potassa, in the following proportions, with success.

℞ Senecin	grs. xij	
Hydrastin	vj	
Pow. iod. potassa	xxx	M

Divide into 6 powders; take one three times per day.

I have also used podophyllin with a better result, in the following form, in derangements of the liver,

℞ Podophyllin	grs. iss.	
Leptandrin	viij	
Sugar of milk	viij	M

Triturate well and make into four powders; take one every three hours, until free catharsis is produced; as an alterative, one night and morning. This is as acceptable a preparation, in the form of a powder, as I have ever used of podophyllum.

We have a variety of valuable concentrated agents, and many of them are in general use by the profession; let each member report his success, and modes of combination.

I have found the concentrated agents of B. Keith & Co., reliable as far as I have used them, and from the manner of isolation persued by them, preferable.

I am aware that much has been said and written concerning these remedies, but the only means of testing their qualities, is to give them a trial in clinical practice, as this course will satisfy the many doubts in regard to their purity. I have used quite a large number of them, and am satisfied that they are reliable agents.

F. D. Hill, Wm. S. Merrell, and T. C. Thorp's concentrated medicines are quite extensively used in the West, and, as a general thing, give good satisfaction. Merrell's bronchial elixir, comp. syr stillingia, are preferable to any others I have used, manufactured in the West.

There are many other concentrated remedies of which I might speak, concerning their *modus operandi* and modes of combination, which I have preferred, from a long course of experiments, but I prefer to hear from others through the medium of your valuable journal.

The Eclectic practice of medicine, by its grand achievements in organic chemistry, in bringing out the valuable list of remedies which it has introduced within the last few years, has reared a monument noble in its proportions, beautiful in its design, and one commanding the admiration of all intelligent members of the medical profession of the age.

This spirit of inquiry has but just commenced eliciting the genius of modern progress; its zenith is far, far in the distance. But the discriminating eye of American exploration beholds the prize, and with an eager grasp seizes every favorable opportunity to overcome the various difficulties that interfere with its rapid progress.

We all have enlisted under the banner of Reform; let us prove worthy of the noble cause we have espoused, and never falter by the way, and soon we shall behold its graceful folds floating over every hamlet within the borders of our happy land.

Olive Branch, O., July, 1857.

PROF. W. BURNHAM.

It will be seen from the following extract from the *Medical World*, that this gentleman has resigned his position in the Worcester Medical school.

"Dr. Walter Burnham, Professor of Surgery in the Worcester Medical Institution, has resigned in consequence of ill health. He is a successful operator, and a man of decided genius in the line of his vocation. After the long service of seven years, the trustees will find it difficult to engage the services of a more devoted laborer in the chair thus vacated."

Dr. B. is one of the most thorough reformers in the country, a fine surgeon, and one who commands the esteem of his acquaintances. While we have no personal acquaintance with him, we will ever remember the honorable and dignified course he pursued in refusing to co-operate with the bogus stock operators of this city, after he learned that his appointment had been made in the name of the Eclectic Medical Institute, by men who, at the same time, had about as much control of the college, legally or morally, as the Devil had of the world which he promised to our Savior, if he would fall down and worship him. These men would have used Dr. B. in any way, could they but have gained their point, the destruction of the Eclectic Medical Institute. But when the courts of the country pronounced upon and exposed this fraud, and ordered the sheriff to cancel their bogus stock, they had to give in and take the back track, some of whom have not been in the city for months, nor do we believe they will until certain legal matters are settled.

CHOLERA INFANTUM—DIARRHEA.

At this season of the year, cases of this class of disease are very common among small children. We have found the syrup of rhubarb and potassa—neutralizing cordial—among our best remedies in both these affections; and as all our readers may not have the formula, we give it below, as first introduced by Dr. Beach, of New York, and as it is now made and used by the profession. Those who have not used this simple compound will no doubt, after trying it, continue to use it.

"SYRUPUS RHEI ET POTASSÆ. *Syrup of Rhubarb and Potassa. Neutralizing Cordial.*

"Take of best India rhubarb, in coarse powder, and bicarbonate of potassa, each *one pound;* cinnamon, golden seal, each, *half a pound;* macerate for two days in best fourth proof brandy, *two gallons;* then express the tincture with strong pressures, and add to it oil of peppermint *two fluidrachms*, previously dissolved in a little alcohol.

"Break up the cake or compressed residue from the press, and gradually add warm water, until the strength of the articles is exhausted. Evaporate this solution to eight pints, and while the liquor is still hot dissolve in it *six pounds* of refined sugar. Continue the evaporation, if necessary, until when added to the tincture first obtained, it will make three gallons, and mix the two solutions together. Strictly speaking, this is not a syrup, but a sweetened tincture.

"Used in diarrhea, dysentery, cholera-morbus, cholera-infantum, and in the same diseases as the compound powder of rhubarb. Dose, for an adult, a tablespoonful every half hour, hour, or two hours, according to the urgency of the symptoms."

PROF. SANDERS' MAGNETO-VOLTAIC BATTERY.

We are daily asked if this machine will extract mercury from the human system, and what is our opinion of its efficiency. We will say that we have tested it in every possible way, and thus far it has surpassed any other battery we have tried. We have removed the mercury in such quantities as to be able to scrape it from the plate into our hand, in the clear, globular form. This is enough to satisfy us.

Dr. A. Dove, of Tennessee, who is daily using one of these machines, writes to us, under date of July 13th, as follows:

"When I wrote last I had not tried the *new machine*, but shortly after, it was put to the test, and I am happy to inform you that it did its work in the most satisfactory manner. A patient presented himself for treatment; we prepared the foot-bath; and in fifteen minutes had taken a *perfect* impression of the feet. I have operated on a goodly number, and in every instance with satisfaction to myself, and marked benefit to the patient. This morning a young lady called at my office, and stated that twelve months ago, she was slightly indisposed, with what her attending physician called tonsilitis. He gave her a prescription—which was nothing more than a *good* dose of calomel—to be taken every six hours, for some ten days or two weeks. At the end of this time she was much worse, and it was agreed to call in two other celebrated physicians, who recommended the continuation of the former prescription, with the addition of daily applications of lunar caustic to the enlarged tonsil.

Thus, this poor deluded girl was mercurialized for some twelve months, and instead of being better, she was worse! She concluded to try some one else, for under the treatment she had received, she could survive but little longer. After hearing her statement, we proceeded to an examination of the case, and truly, her physician had multiplied the disease, for she now has ulceration of both tonsils, prolapsus uteri, mercurial rheumatism, dysmenorrhea, &c. I placed her feet in the bath, and in twenty minutes I examined the plate, and found at least half a drachm of mercury adhering to the copper. There were a number of large globules that I could have removed with my fingers. After the operation she expressed herself much relieved, and firmly declares that no more calomel goes down her throat. We expect to cure this lady with little or no medicine, believing, as we do, that after the mercury is removed, which we consider the primary cause, nature will restore those organs to the performance of their proper functions."

We also make the following extract from a letter written by H. D. Garrison, M. D., from Franklin, Indiana, dated July 22d, 1857.

"Having heard many "startling" reports of Prof. Hougham's success in the electrolysis of metals, especially mercury, from the system, and having occasion to visit the town of Franklin, I determined to call upon the professor and satisfy myself, not only in regard to his ability as an experimenter, but, if possible, in regard to the results produced; all of which I had an opportunity of doing on yesterday, and last evening. I am happy to say that I found Prof. Hougham a perfect gentleman and a *most thorough scholar*.

He *knows* that he can electrolyze mercury from the system just as he *knows* that he can electrotype by electricity, and can *repeat* the experiment *successfully*, not once or a dozen times, but just as often as he pleases. No man of sense in this section, whether Allopath or Eclectic, now has the presumption to question the reality of the results.

But a few days since, Prof. Hougham withdrew mercury from the body of a "regular" Allopath, in the presence of three of his professional brethren.

Yesterday, through the kindness of Prof. Hougham, I fairly tested the power of Sanders' magneto-electric machine, by applying the current to a telegraphic register, electrome, valtrometer, electric engine, &c,, all of which it worked most admirably, thereby proving that the current is not only one of *quantity*, but one of *perfect* continuity; otherwise, it would not have worked the telegraphic register correctly. Last evening at the residence of Prof. Hougham, and in the presence of Dr. Fisk, Prof. Hougham, his excellent lady, and others, I *successfully* operated with Prof. Sanders' machine, upon Mr. William Owens of this place, who had often taken "blue pills," &c. The copper plate was *new*, and well polished. The sitting was only twenty minutes, at the end of which time, the plate contained at least twenty *visible* stains or spots of mercury, some of which almost assumed the globular form. While writing the above, Drs. Gill and Fisk repeated the experiment with the same success, upon Mrs. Kane at her residence. In one or two instances, Prof. Hougham has succeeded in electrolyzing *silver* from the system, where large quantities of the *nitrate* had been taken.

ECLECTICISM, BY DR. BICKLEY.

This publication will be suspended until Dr. B. is able to again resume the work.

NATIONAL ECLECTIC MEDICAL ASSOCIATION.

The proceedings of the last annual meeting of this Association were received too late for insertion in this number.

CHANGE IN MEDICAL SCHOOLS.

The Miami Medical College, of this city, has been discontinued, and some of the Professors have been appointed to positions in the Ohio Medical College. This will secure a greater concert of action, and will no doubt be attended with good results. Prof. Blackman still occupies the chair of Surgery in the college, and has charge of the surgical department in the Commercial Hospital, and with his co-operation these institutions must prosper.

OBITUARY.

The following resolutions were adopted by the class of the last session of the Eclectic Medical Institute.

Whereas, In the dispensations of an all-wise Providence, our much esteemed friend and fellow student, Samuel W. Hughes, has been summoned from our midst, therefore, be it

Resolved, That by the death of our fellow student, science has lost an earnest devotee, and Eclecticism an able advocate.

Resolved, That in the character of the deceased we recognize all the elements of a diligent student, pleasant companion, and high-toned gentleman.

Resolvvd, That we sincerely sympathsze with the bereaved family in the irreparable loss of a beloved son.

Resolved, That a copy of these resolutions be forwarded to the friends of the deceased, also one to the E. M. Journal and Newton's Express for publicatiun.

H. D. Garrison,
B. Bywaters, } Committee.
D. W. McCarthy,

THE

ECLECTIC MEDICAL JOURNAL.

Fifth Series, Volume I. SEPTEMBER, 1857. Number 9.

Part 1—Original Communications.

THE GRAPE CULTURE—NICHOLAS LONGWORTH, ESQ.

BY R. S. NEWTON, M. D.

It is said that no man in the country has accumulated upon his own shoulders so heavy a burden of taxation as Mr. Nicholas Longworth, of Cincinnati. The mere fact of such a pre-eminence, of itself, sufficiently attracts notice; and, more than this, it implies the possession of strong faculties and qualities of mind and temperament, which are really note-worthy. Nor could any thing be more interesting and instructive, than such an illustration of the virtues of energy, application, patience and prudence, as may be found in examples taken from the history of the man who has excelled all his countrymen in the pursuit of gain. Yet it is something different from this that introduces Mr. Longworth's name here.

In the midst of the ever-accumulating labors which the management of his increasing estate has demanded, and which he has taken so largely upon himself as to have rendered his life one of continual endeavor, he has found time to prosecute an enterprise of quite a different sort, that would alone sufficiently engross the time and attention of most men. Immersed in the cares and excitements that belong to loss and gain, cares so easily breeding selfishness in the hearts of the best of us, he has steadily and with increasing enthusiasm, labored in an enterprise having the public good for its only aim. Living in these important times, when those who expend effort in hope of result, think five years an age to wait, and when in truth, whether we measure the progress of things by our expectations or by our realizations, *ten* years certainly *is* an age, he has been contented to devote nearly forty years to the realization of one idea; and he still pursues, with enthusiastic energy and patient hope, the idea of making the *vine to spring and the grape juice to flow*, in the new world as it has in the old.

It was a visionary notion. Mr. Longworth, notwithstanding his rigorously practical way of pursuing his visions, has a good deal of the visionary in his composition—more of it than, without a thoroughly practical character, it would be quite safe for any one to own. When as yet hardly of age, soon after he arrived at the then little log house town he had chosen for his home, and before he had worn out any of the —— coats, the —— dozen pairs of cloth, velvet, satin and plush breeches of all colors, three dozen vests of equally varied colors and fabric, six dozen shirts with frilled and lace wristbands, and with cravats, handkerchiefs, hose, &c. to suit, with which his good mother had fitted out her boy, as the best protection she could devise against the bears and

Indians abounding in the wild Ohio country, he one day strolled to the top of a neighboring hill, and fell to musing on the future destiny of the small cluster of houses lying below. There the future of Cincinnati rose up before him, and in his mind's eye he saw a great city, the metropolis of a continent, spread itself over all the plain, and, still advancing, come up and seat itself on the very summit where he stood! What dreaming! He hastened down to seek his good friend, Jacob Burnet, in whose office he was then a student of law, and incontinently offered to purchase (on mortgage) that gentleman's cow pasture, lying outside the town. It had cost Mr. Burnet eight hundred dollars. Longworth offered him five thousand. The heedless youthful speculator received a merited rebuke from his preceptor: "A pretty story to tell in Newark," said he, "that when my old neighbors send out their son to be placed under my protection, the first thing I do is to make him a slave for life, by saddling him with a debt of five thousand dollars for a bit of ground that can never possibly be of any use except as a cow pasture." This prudent consideration for his young pupil saved Mr. Burnet from something very much like ruin. That cow pasture grew to be the bulk of his large fortune; it made him a millionaire.

As foolish a notion as this, seemed to Mr. Longworth's friends, in the long-ago era of hog and homminy, his planting a vineyard. It is true, the thing had been undertaken some years before by some Swiss emigrants, at Vevay; but, except that they produced a harsh sort of wine from a native grape called the Cape, that finally came to nothing, the attempt had proved a failure; and the same fate had attended the efforts of various French settlers at Gallipolis, Marietta, Kaskaskia, and even at Cincinnati.

In the face of these failures, Mr. Longworth began his work. Like the foreigners just mentioned, he first tried foreign grapes, of which he imported many thousand cuttings, some from Madeira and some from France, and set them out in various sorts of soil and exposure. But all his pains bestowed in this direction, produced only the conclusion in his mind, that foreign vines were unsuited to our soil, and that in the hardy vines grasping the great trees of our own primeval forests, must be found the stock capable to endure our American sun and frost, and yield a juice for Americans to drink. The conclusion thus obtained his subsequent long experience has confirmed. The only foreign grape that has got acclimated, is the Tramena, of German origin, in high favor in its native country for wine, but judging from the only trial he has yet been able to give it, nothing very valuable in the way of wine can be hoped of it here.

Let us look a moment at the condition of things attending Mr. Longworth during the first quarter of a century of his arduous, time-taxing, and patience-wearing experiments. The result has shown that the wines our soil is suited to yield are usually quite unlike the Port, Madeira and Sherry which, in imitation of the English, our people had at that period been accustomed to drink, to the exclusion of nearly all other sorts, and which (they and their imitations and adulterations) had formed our standard of taste The Ohio wines are like the Rhenish, but little enough knew the small circle of wine drinkers west of the Alleghanies of the nice distinctions between rhudesheimer, deideshimer, stein wine, marcobrunner, risling, or the other "heimers" and "bergers," and would have been as likely to condemn a bottle of real Johannesberger, as any one of the many acrid specimens of his earlier vintages, which Mr. Longworth from time to time set before them for their judgment, while it may be that many a really valuable wine suffered condemnation merely because it had neither the body of port, the nutty flavor of sherry, nor the alcoholic smack of Madeira. This condition of the popular palate is best illustrated by the story Mr. L. loves to tell of the first introduction of Rhenish wine into Baltimore, fifty years ago. The gentleman who imported it having also imported the green glasses in which it is commonly drunk, called together a select dinner party, to inaugurate its advent, and enjoy its delicious "bouquet." None of his guests, however, showed any signs of approbation. As the host looked expectantly around for their approval, he met only wry faces; and the mind of the whole company was so aptly spoken by one of them, bolder than the rest, who set the others in a roar of laughter, by exclaiming, "Shultz, your cider's sour!"

Besides this, there has, till quite lately, another difficulty existed, that has been very serious. The mode of pressing and preserving the juice has been poorly understood, and the efforts of the most painstaking were of no avail to rid even the catawba of an extreme degree of dryness, by some persons harshly termed *sourness*; so that valuable varieties may have been condemned, merely for the want of what is termed good cooperage, or proper pressing. Again, Mr. Longworth being little used to drink any thing but water, he has, whether rightly or not, felt himself compelled to rely chiefly on the tasting of others, varying in this from his usual independent and self-reliant modes of thought. But with regard to the main thing, namely, the establishment of the grape culture as a profitable branch of American industry, he has been abundantly independent and self-reliant, and there has been ample need for it. Surrounded with friends who discouraged, and neighbors who ridiculed, for nearly thirty years, he planted, pruned, gathered, pressed, fermented, and brought the result of his pains for the decision of a board of not very competent critics, before realizing one substantial success; that is, before one good marketable wine was produced.

The successful grape was at length found in the catawba, a hardy and productive plant, supposed to be a seedling of the common fox variety, and first brought to Mr. Longworth's notice by Major Adlum, of Washington. After it had been well tested, it became the staple grape of the vineyards about Cincinnati, of which several had by this time grown up by Mr. L.'s immediate agency, or in consequence of his example, and new vineyards were planted to grow it. Mr. Longworth had always been ready, where he found a German emigrant with a knowledge of vine-dressing, to supply him with land and means to plant vines and sustain himself till they should become productive; and now that the proper sort of vine was discovered, and its cultivation found reasonably lucrative, hundreds of such were found ready to undertake the business. Over three hundred persons are now thus engaged in the neighborhood of Cincinnati, cultivating over twelve hundred acres of vineyards.

But, except with the German population, the wine made was far from being a popular beverage. Those recognized in it a close likeness to the drinks of their native Rhine valley, and were glad to obtain it at prices much below what imported wines could be got for, and the demand from this quarter became a foundation to build something further upon. Our own people, however, did not take to it very kindly. To their palates, it seemed a trifle too much like sour cider to realize their ideas of pleasant drink. Any large extension of the demand for it seemed still remote, until Mr. L. devised the plan of making of the catawba a sparkling wine. He obtained from Champaign an experienced "*fabricante*," built a suitable cellar, and commenced the business. It was entirely successful. From the first, the demand has far outrun the possibility of supplying it. The sparkling catawba is known all over the country, and commands the same price as Moet and Heidsiek champaign. It is only a few years since the first was made, and the present time, hundreds of thousand of bottles are the product of Mr. Longworth's cellars. Monsieur Fournier, of Rheims, an accomplished "*fabricante*" and a good wine chemist, has charge of the principal cellar.

Besides the Catawba, the Isabella grape has been found to make good sparkling wine.

But sparkling wine is an expensive commodity. A wine was wanting whose price would be within the means of all—a sound and pure table drink, to relish our dinners, enliven our too low spirits, help gently our poor digestion, correct our sour stomachs, expel the evil humors of our blood, and abate the whisky plague in our land. A continent without wine cannot but be a drunken continent.

Allusion has been made to the sharp taste in the common or "dry" catawba. At length this is got rid of merely by a judicious mode of keeping it and of racking. Those of our own people who undertook wine-making were of course without experience in this respect, though it was easily seen that those who gathered and pressed the grapes and fermented the wine in the most careful and cleanly manner, succeeded best, just as the same common-sense mode of proceeding with apples and their juice, always produces the best cider. Again, the German vine-dressers, who had in charge most of the vineyards, were, at home, of the class of peasants, and not used to the practice of the best methods there. These have mostly been contented with gratifying the unfastidious palates of the laboring class of their fellow Germans, and satisfied with the compensation realized by disposing of their crop within a few months from vintage, at prices varying from seventy-five cents to a dollar per gallon.

Becoming confident that the dry catawba deserved to have more done for it than had been done, Mr. Longworth associated with him in the work, Mr. Zimmerman, a German wine merchant whose business had been the importation of Rhenish wine, but who, on his attention being drawn to the catawba, became satisfied that it had more of the elements of a superior wine, than any of the staple wines of Germany. With a superior cellar which Mr. Longworth built for the purpose, with fresh and clean casks, and judicious racking, but wholly unaided by any adulteration of sugar or alcohol, or any substance whatever, Mr. Zimmerman succeeded in bringing into market, at the expiration of only thirty months from vintage, a dry wine, entirely matured and fixed, wholly free of the fault of sharpness, and which is, beyond all question, superior to the average of imported Rhenish. The judgment of numbers of qualified tastes in all our cities, is too unanimous on this point to leave a doubt. As might be expected, the German wine importers of the Atlantic cities are the first to appreciate this, and they sell it to their German customers side by side with the imported article. Here we have, simply by a judicious method of cooperage, a genuine wine, pure, sound and healthy, holding its own well with good imported qualities, selling at a lower rate than they, and yet bringing a good profit.

So much for what can be done *after* pressing; as much is being attempted for it in the preceding stages. A few persons, foreign and native born, living in the suburbs of Cincinnati, not pursuing the business for a livelihood, by simply bestowing on their vineyards and presses such amount of care and neatness as is taught by common sense, with the aid of their own compared experiences, are able to produce wine quite superior to what is made by the peasant vine dressers alluded to. Wheat is wheat, and clover is clover, but the wife of a Suabian peasant will manage, by dint of carelessness and laziness, and her out-of-doors oven, to produce from the best of wheat flour, a sort of wheat bread bitter and sour enough to go with that butter, which some of our back woods Yankees send abroad, and which the English use for greasing machinery, hardly dreaming that such rancid fat ever came from cream. So with wine. If the cultivator, seeking for quantity and regardless of quality, allows more grapes to grow than can be properly ripened, flings into the press whatever is found hanging from the stalk, lets the gathered fruit lie till it begins to decay before pressing it, and then forces out every drop of juice he can get to flow, such juice, however well it may be afterward kept, or however excellent may have been its antecedents, as respects the variety of plant or quality of soil, will never take rank with Johannisberger.

It is difficult to say whether anything would be gained by availing ourselves of the services of French or German vineyard overseers, superintending large tracts of vine land, such as in Europe hold the same position in the *vignoble* as Fournier in the cellar. Mr. Longworth is with good reason, distrustful of foreign methods. Without the bold and independent course which his early observations forced him to persue, it is probable that nothing would have come from all his efforts. It is worthy of remark, that not one of our native citizens engaged in this pursuit, has gone to Europe for information. Yet, Fournier is from Champaign, and Zimmerman from the Rhine.

The advice which Mr. Longworth gives to those now entering on this interesting field of experiment—a field they will, in the course of nature, be likely to occupy *after* him—is to give their chief attention to raising seedling grapes, by planting the seed of our best native varieties. This is in opposition to those learned writers, who teach that the seed will always produce the same plant as that from which it comes; in opposition, too, to those other scientific writers, who insist that the product will always be inferior to the original; and still, in opposition to that third class, who tell us never to plant the seed of an improved seedling, but always that of the original stock (in obedience to whom we should not plant the seed of the catawba, but that of the wild fox, from which the other is supposed to be a descendant). And here he opposes also, the common usage in Europe, which is against raising seedling grapes; a usage founded on experience, which has shown them (as they report,) that it takes from seven to nine years to obtain fruit from seed, while here, some of our best natives bear the third or fourth year.

This confidence in his own judgment, and contempt for European precedent and scientific authority, has been strengthened by his long controversy with no less person than Linnæus, some account of which comes appropriate to this connection. Several years ago an old lady, named Arbegast, cultivated a market garden near Cincinnati; she was particularly successful with strawberries, raising five times as many on a given space as any one else could, and of superior quality; so she grew rich at the business. Among her customers was Mr. Longworth, who, though devoting a large space in his garden to strawberries, failed to produce enough for his own table. Mrs. Arbegast had a secret, and was quite resolved not to enlighten the world with it while its ignorance brought money to her purse. She had in some way discovered that one portion of the plants were males, (stamenates) and one portion females (pistillates); that the first were barren, and the second fruitful; that while a certain portion of males were necessary to the fruitfulness of the females, their tendency was, owing to their superior strength, to overrun the beds to the exclusion of the others. Accordingly, each Fall she would uproot all the surplus males and fling them away, like drones from a hive. Her cunning neighbors watching this, collected what she threw away and carefully planted them, but got not a berry of fruit for their trouble. One day a little before the blossoming season, her son happened in Mr. Longworth's garden. Glancing at the strawberries, he remarked: "I guess you don't get much fruit." Upon Mr. Longworth's confessing that this guess was true, he went on to say, "They are nearly all males." "That has nothing to do with it," said the other. "I've been told so before; I'm no botanist, but I know *these* plants won't bear fruit," pointing to some. "Can you show me any that will?" "Yes, *there* are two." Being requested to explain the difference between those two and the others, he declined, for the alleged reason that they were not yet in blossom, and seemed indisposed to give further information. But he had said enough. A keen eye had observed the two plants pointed out as being bearers, and they were marked as soon as young

Arbegast left the garden. When they blossomed the sexual distinction could be seen at a distance of twenty feet. On examination he found his beds to be occupied almost wholly with males, not one in a hundred being females. He took care to extirpate, as he supposed, every one of the males, and the next year had a full crop. Still a few barren plants were found, which were all carefully rooted out. The consequence was, that the following season he did not get a single perfect berry, and scarcely an imperfect one, from the whole of his plants. Then the true theory of the matter came to him, and ever since he has obtained a full crop.

Being sure of these facts, he made them known to other gardeners, and very soon the yield was increased five fold, while the price, unhappily for Mrs. Arbegast, fell to one fifth of what it had been, and the good lady quit the business in disgust. Mr. L. felt bound also, to make the discovery known every where. But unfortunately Linnæus was against him, and he encountered contradiction for his facts, and controversy for his theory. Great scientific discoveries always cover up about as much as they uncover, and what they bury gets well hid. A disciple of Linnæus had noticed that there were some plants wholly defective in the female organs, and which never bore fruit, but his master advised him to dismiss the notion, alleging that the frost must have caused the barrenness, and so the discovery was killed off for about a century. The discussion that arose upon Mr. Longworth's making his observations known, ran quite high—became really a little too bitter for the subject of it—but finally it seems decided against Linnæus. The facts, at any rate, look that way. In Cincinnati, where the plan of Mrs. Arbegast is followed, one garden has in one day, sent as many berries to market, as the Boston horticulturalists boast of as the product of *three* of their largest cultivators in a whole *season.*

Gaining assurance, probably from this successful opposition to high botanical authority, Mr. Longworth has so far disregarded English writers, as to experiment largely with raising from seed, and one of his results is a seedling hermaphrodite (with both organs perfect in the same plant), termed Longworth's Prolific, said to be worth all the other strawberry plants ever raised. And he insists that still better hermaphrodites than this may be obtained by following up the experiment.

At length, and in his old age, Mr. Longworth has the satisfaction of seeing vine raising and wine-making established as a profitable and regular business. That it is highly profitable, is shown by statistics furnished by many who have followed it for years, and who are willing for others to share the profits with them. No other regular agricultural pursuit is equally lucrative.

CASE OF VAGINAL POLYPUS.

BY C. H. BOSTICK, M. D.

Mrs. Agnes Mahl, aged 40 years; sanguine encephalo-bilious temperament. She was married in March, 1853; received a a fall in 1854, and felt something give way in the region of the umbilicus. From this time she gradually increased in bulk about the abdomen, resembling pregnancy. Had a craving appetite. On the return of her menstrual discharge, which was copious and accompanied by sanious discharge highly offensive to smell, with severe pain in back and hips, the bulk of abdomen suddenly disappeared; the discharge gradually ceasing, except a white viscid discharge remaining. Then her health seemed quite good; labored well between her spells. Soon she was again increasing in size, as before; complained of feeling so full—used to declare "she should burst;" and after her monthly discharge, as first above described, she resumed again her former appearance and health. She so continued to have her monthly periods of discharge, with pain and severity unequalled in the history of woman (every four weeks), accompanied by increasing amounts of fluid to the day of her death (July 2d, 1857). In the fall of 1855, a tumor (pear-shaped), about the size of a man's fist (so described), was observed within the vagina. Her attending physician named it the "falling of the womb," and gave her a block of wood, turned somewhat smooth and covered with leather, as a support. Internally gave her blue pill, sp. nitrous either, and bal. copaiba, all without benefit. So say her people. For one year past her monthly menstruating periods were ushered in with rigors, holding of breath, and forcible emission thereof, accompanied by bearing-down efforts, cramp and convulsions, and attended with nausea and vomiting, which attacked her suddenly in the midst of a room, or at work. Toward the last, the discharge became enormous, discharging from one to four common pails full of blood mixed with the ichorous, sanious fluids; the odor of which is described as awful, so that the females who could be present were scarce, even among her own people. Her sufferings are described as awful, beyond description.

At one of those turns (or periods), a physician of this place was called on the 1st inst. (July, 1857). He first thought it an inverted uterus; was not well satisfied, accordingly called in the oldest practitioner in town, who brought the tumor down. It was agreed upon to remove the same by ligature. This was applied about 9, P. M., which did not cause any pain; or none was complained of; said she felt easy and comfortable. However, she immediately began to sink, tonics and stimulants were administered, all to no effect. Vomiting commenced, and continued until death closed the scene, at 7 P. M., July 2d, 1857.

I was called upon by friends of the deceased, to examine the body; accordingly we made the examination required, at the dwelling. Without giving the minutia of dissection, I commenced by the usual incision and removal of the uterus and its appendages, and sufficient of the vagina, to give a view of the origin and deposit of the tumor in question. As the whole tumor was situated within the walls of the vagina, consequently its substance was enormously extended, and possessed appearances of the morbid growth. Found the tumor had its origin from the vagina near the neck of the uterus; was pear-shaped, and attached at the neck; was about seven inches in length, having its base resting upon the os pubis, so that an excavation remained in the substance of the tumor. The fibers ran from the neck, or origin of the tumor, to the extremity. Its cut under the knife was between that of the lung and liver; highly vascular, so that blood could pass readily through its substance. Its weight was six pounds. I noticed the following peculiarities:

1st. The uterus had not been impregnated.

2d. The vagina had taken on uterine contraction, and expelled a tumor weighing six pounds.

3d. All the enormous discharge must have come from and through this tumor; for the characteristic odor of the discharge was in the tumor, and the membranes within the cavity of the uterus, on its being laid open, were void of offensive smell, No odor was perceptible by any one in the room, after the tumor was removed therefrom; the smell of which was identical with that of the discharge for a year prior to her death. No ulcers were upon its surface. It was enveloped in a membrane similar to the vagina, and in viewing the membranes in the can (I send you), you can see the whole enveloping membrane. I have sealed up the parts herein before described, so that you may examine them more minutely under the glass, and give the world more light than I am able to do. You will find the parts in the can somewhat shrunken, and discolored from a vessel I had them in for a week past. I have not described the parts enclosed in the can, leaving that for you to do, if you will. As there are some morbid growths upon the uterus, I wish to know the character of the growth of the neck of the tumor, and wait to hear from you through the columns of the Eclectic Medical Journal, thereby calling the attention of the profession to cases of this kind.

[We have received the specimen above referred to, and shall examine it, and publish the results of our observation, at our earliest convenience.—Ed. E. M. J.]

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A SYNOPSIS OF THE PROCEEDINGS OF THE EIGHTH ANNUAL CONVENTION OF THE NATIONAL ECLECTIC MEDICAL ASSOCIATION.

Pursuant to adjournment of last year, the Association convened at the hall of the Eclectic Medical Institute, in Cincinnati, June 17th, 1857, at 3½ o'clock, P. M.

In the absence of the President, the chair was taken by the first Vice President, Prof. R. S. Newton, who called the meeting to order, and inquired the pleasure of its members.

The minutes of the last meeting of the Association were called for, and read by the Secretary. On motion of Prof. Freeman, they were approved and adopted by the Association.

The President then, in a few eloquent remarks, stated the objects sought to be attained by the organization of this Association.

Prof. Kost having called for the reading of the preamble and constitution of the Association, they were read by the Secretary.

Prof. Freeman, in the absence of the Treasurer, having been appointed Treasurer *pro tem.*, the members proceeded to record their names, and pay their annual dues.

On motion, it was resolved, that the Chair appoint a committee to nominate permanent officers for the ensuing year. The number of five having been accepted, the following gentlemen were appointed said committee: Drs. L. E. Jones, L. W. Linn, Z. Freeman, J. Kost, and O. E. Newton. The committee retired, and in a few minutes reported the following nominations:

For President—R. S. Newton.

Vice Presidents—J. Kost, J. M. Hollembach.

Recording Secretaries—Grover Coe, J. M. Scudder.

Corresponding Secretaries—L. E. Jones, I. M. Comings.

Treasurer—Z. Freeman.

The above named candidates having been balloted for in accordance with the provisions of the constitution, they were declared unanimously elected.

On motion of Dr. O. E. Newton, the Association then adjourned to half past nine o'clock the next morning.

THURSDAY, JUNE 18—MORNING SESSION.

The Association met pursuant to adjournment. It being first in order, the minutes of the previous session were read by the Secretary, and accepted and adopted by the Association.

The President elect, Prof. R. S. Newton, thanked the Association for the honor conferred in choosing him as presiding officer for the ensuing year. He dwelt at considerable length upon the apathy manifested by Eclectics in not sustaining their organizations. He gave an abstract of the action of different legislatures in behalf of reformed medical science. These indications of legislative protection he considered as being most encouraging to Eclectics. He pledged himself to devote his time and energies to the interests of the Association. He would cheerfully co-operate with the profession in advancing the interests of the common cause, and even alone and unaided, he yet would devote himself to the promulgation and defence of the faith to which he was indissolubly wedded. In conclusion he reiterated his determination to lend all the aid in his power to advance and protect the interests of the association. The Treasurer, Prof. Freeman, rendered his report of the condition of the finances, which, upon motion of Prof. Scudder, was accepted and adopted.

It being next in order, the reading of essays by members appointed at the last meeting of the association was called for.

Dr. Coe read the initial portion of an essay on Vegetable Physiology, prepared by Adolph Behr, A. M., of New York.

On motion of Prof Scudder, the paper was accepted, and ordered to be continued and published.

An essay upon Medical Progress was next read by Dr. Grover Coe, of New York.

On motion of Prof. L. E. Jones, the paper was accepted, and ordered to be published.

Prof. L. E. Jones then read a paper upon Reform Medical Colleges, Literature, Number of Physicians, comparative success and popularity in the United States.

Some remarks upon the paper of Prof. Jones were participated in by Drs. Ashton, Coe, and Jones.

On motion of Prof, Scudder, the Convention adjourned to 2½ o'clock, P. M.

AFTERNOON SESSION.

The Association convened pursuant to adjournment.

The paper of Prof. Jones was then taken up, and on motion accepted and ordered to be published.

Prof. Freeman next read a paper upon Surgery, and improvements in Surgical Practice.

On motion, the paper of Prof. Freeman was accepted and ordered to be published.

A paper upon the Theory and Practice of Medicine was next read by Prof. Newton, and on motion accepted and ordered to be published.

The following resolutions were then offered by Prof. Newton, and unanimously adopted by the Association.

Resolved,—That the Secretary of this Association prepare the proceedings of this Convention for publication.

Resolved,—That a committee of three be appointed to revise the constitution and by-laws of the Association, and report at the next Convention.

Resolved,—That Dr. Grover Coe of New York, be requested to prepare a work upon the merits of the Eclectic System of Medical practice, as contrasted with the old school system of medicine, for the use of the Eclectic profession and Reformers generally. It is desirable that the work be as concise as possible, and contain as much statistical matter as can be included in a work of the kind.

Resolved,—That all Eclectic Physicians be requeted to forward to the various committees of this Association, on their different branches respectively, all information that will be interesting.

Resolved,—That all Eclectic physicians be requested to furnish the committee on statistics, at the next annual meeting of this Association, the statistics of their practice for the past year.

Resolved,—That the Eclectic physicians throughout the United States be requested to form County and State Societies, in furtherance of a more complete medical organization.

Resolved,—That all, and every Reform practitioner in the country be requested to attend the next annual meeting of this Association.

On motion of Prof. Newton, it was

Resolved,—That when this Convention adjourns, it adjourn to meet at the Hall of the Eclectic Medical Institute, Cincinnati, at 10 o'clock A. M., on the first Wednesday of June, 1858.

Prof. Freeman offered the following resolution, which was unanimously adopted by the Association.

Resolved,—That the Association approve and accept the efforts of Prof. R. S. Newton, to furnish the profession with standard works on Eclectic Medical Science, and that they commend to the favor and patronage of the profession his revised edition of Syme's Surgery.

On motion of Prof. Freeman, the proceedings of the Association were directed to be published in the Eclectic Medical Journal.

On motion of Prof. Newton, it was

Resolved,—That twenty-five dollars of the funds in the hands of the treasurer be appropriated to pay for stereotyping the work to be prepared by Dr. Coe.

On motion, the President then appointed the following committee to revise the Constitution and By-laws, to report at the next annual meeting: Profs. G. W. L. Bickley, J. D. Friend, L. E. Jones.

The President, in accordance with the by-laws of the Association, will hereafter appoint the persons to write essays on the following subjects, all of which will be duly announced.

On Physiology, Temperaments, &c.

On Chemistry, Pharmacy, and Mode of Preparation of Concentrated Medicines

On Theory and Practice of Medicine.

On Obstetrics, &c.

On Surgery and Improvements in Surgical Practice, and Statistics.

On Anatomy and Pathology.

On Medical Progress and Comparative Statistics.

Eclectic and other Reform Medical Colleges, Literature, Number of Physicians, Comparative Success and popularity in the United States.

The Convention then adjourned in accordance with the previous resolution.

R. S. Newton, *Pres.*
Grove Coe,
J. M. Scudder, } *Sec's.*

FISTULA IN ANO.

BY PROF. R. S. NEWTON.

The peculiarity of a fistulous sinus is a callosity or induration, which is extremely sensitive to the touch, and from which issues a constant secretion of thin, yellow pus. There may be one or several of these pipes, terminating at various points, and communicating with each other, but whether one or many, the same morbid condition will be found to exist in each.

As the terminations of the canals or sinuses vary in different persons, there have been three divisions of the disease recognized by surgeons. 1. When the pipe or canal does not extend into the rectum, but terminates in an external orifice, it is called *blind external fistula*, or *external incomplete fistula.* 2. When the pipe terminates internally, into the rectum, having no external orifice or termination, it is called *blind internal fistula*, or *internal incomplete fislula.* 3. When the canal terminates in an orifice both externally and internally, being connected with both the cutaneous surface and the rectum, it is called *complete fistula.*

Among the causes of this disease, the most common is habitual constipation; indeed, in the major portion of those cases which have presented themselves for treatment, I have been able to trace a connection between this disease as the effect, and constipation as the cause, accompanied with torpor of the liver, and resulting either in hemorrhoidal tumors, or a debilitated condition of the vessels of the lower part of the body, either of which may occasion fistulous ulceration, if permitted to continue for a length of time without proper attention. Sometimes inflammation about the anus of an erysipelatous character, will produce the disease, especially if neglected or improperly treated.

In the treatment of this form of disease, two modes have been adopted—one with the knife, the other without. Among those physicians who style themselves "old school," or "regular," the knife is almost invariably resorted to, which not only fails in effecting a permanent cure, but often occasions more serious results than would have ensued from allowing the disease to continue its course. Yet among this class of physicians there are some who have no confidence in this treatment.

The operation by the knife is usually performed as follows: A gun-shot probe is passed into the rectum, to the point opposite the internal orifice of the pipe; a blunt pointed bistoury is also passed through the ulcer, until its blunt end comes in contact with the probe. Then, with a finger passed within the rectum to govern the probe and bistoury, the latter is drawn down, cutting, as it advances, the flesh, intestine, and sphincter muscle, which regulates the function of defecation.

This is the treatment recognized and pursued by many surgeons of the present day—a treatment which rarely produces a cure, but more often leaves the patient in a worse condition than before the operation. Why cannot a cure be effected by the knife? Let us examine. As stated above, the fistulous pipe throughout its whole length, is surrounded with a hard, callous wall, morbidly tender to the slightest touch, which produces and maintains an inactive condition of the parts, not only interfering with a salutary healing process, but likewise tending to an enlargement, extension, and branching of the canal.

Now, the object of those surgeons who cut for this disease, is to excite adhesive inflammation, which they consider all-sufficient to remove the induration, heal the ulcer, and restore the parts to healthy activity. Unless the operation by the knife can convert the indurated ulcer into a simple or healthy ulcer, failure must inevitably follow; and that it does not effect this result we have ample evidence. A temporary inflammation ensues, which produces a slight influence on the condition of the part, not sufficient, however, to remove the callosity, or make any extensive normal change, and which, as it subsides, leaves the patient in a more distressing condition than before. The sphincter muscle, having been divided by the operation, loses its contractile influence, and the patient is rendered unable to retain the contents of his bowels, which renders life to him any thing but desirable. And should there become an adhesion of the separated portions of the muscle, it never recovers its original power of contraction, but remains in a weakened condition, of a very disagreeable character.

The principle of treatment for an effectual and permanent cure of fistula in ano, is the application of such means as will remove the callous walls; thereby converting the irritable, unhealthy, or indurated ulcer, into a simple or healthy one; in consequence of which, the pipe readily closes, and a cure is the result. Experience has taught us that, from the obstinate character of the fistulous callosity, time is required for a successful treatment; and where the parts are very irritable, some degree of pain will accompany the treatment. The operation with the knife has the advantage of but little pain, and dispatch in treatment, but the patient runs the risk of the above-named difficulties and inconveniences; while on the other hand, with the Eclectic treatment, the advantage lies in the *certainty and permanency of cure.*

TREATMENT.—The plan which we have adopted with this disease varies with different cases; some will require much active medicine to destroy the callosity of the pipes, others require but little medicine, and some none at all. This difference I will illustrate by cases under each head. Before referring to special cases, I will state that the medicine used for this purpose, as a general thing, should be dissolved in water, and be injected into the pipes with sufficient force to fill every orifice or opening in the vicinity.

External Incomplete Fistula.—This form of the disease should be treated by making a saturated solution of sulphate of zinc, and injecting it into the pipe or pipes, as it may be, until the same is filled; then fill the orifice with lint or cotton, to retain the medicine until it has fully acted upon the diseased structure. This process should be repeated for five days; it will cause much pain and swelling, which should be alleviated by the application of powdered elm bark mixed with cold water, and applied over the inflamed parts. It may be applied only in the evening, or renewed throughout the night, as the severity of the symptoms demand. During this time, aperient medicines should be given, so as to prevent any constipation of the bowels, and the nervous system should be supported by the free use of anodynes.

After the fifth day, discontinue the application of the zinc, provided there be no discharge from the fistula, for if there yet remains any discharge, it is certain the disease is not all killed. We should bear in mind, that as soon as the disease is completely under the influence of the zinc, the parts within the pipe become dry and hard, which prevents the discharge. When this is accomplished, continue the application of the elm poultice until the disorganized portion has sloughed out, which will be known by the copious purulent discharge which takes place at this time.

After this, inject into the pipe, morning and evening, the following:

℞ Sesq. carb. potass. ʒj
Water, ℥j M.

This should be continued until the parts are entirely healed. But if the disease should not be entirely destroyed, which can be known by an unhealthy appearance of the pus, and an unwillingness to heal, then we must again resort to the zinc and other treatment, as before described.

I will now give the history and treatment of one of the most extensive cases of this class I have ever met with. The patient was a man forty-five years of age. He had been affected for fifteen years; had been operated upon with the knife ten times, and for the last three years previous to the time of my being called, had been confined to his bed. There were twenty openings externally, some of which entered the rectum, the perineum, and sacrum, presenting the appearance of a honeycomb. All the pipes over the sacrum passed into the bony structure. I began the treatment of this case by using the solution of zinc upon the plan before mentioned. The disease was so extensive, that when the solution was forced into any one of these pipes, it would flow out of all the others. After pursuing this method for a time, I found it necessary to fill the openings which were situated upon the sacrum with the pulv. sulphate of zinc, in the dry form, filling them full, and allowing it to dissolve. This not only acted upon the pipes of the fistula, but upon the diseased bony structure. After the plan previously described had then been pursued, I had no difficulty in curing the case, for in two months from the first visit, he was able to resume the charge of his farm.

Another method may be adopted in this form of fistula, when the pipe is straight, which is less painful to the patient, and yet is certain of cure; the only difficulty in the case is to determine certainly whether there are any sub-pipes. This consists in distending the pipe with cotton or lint; passing into the opening, in small quantities, the lint or cotton, and forcing it with a probe as tight as it can be made without causing much pain; or a narrow silk ribbon may be used, holding the portion not inserted under a piece of adhesive plaster, and from day to day, as the parts become distended, force in more, and so continue, until the hard orifice becomes large enough to secure the complete breaking up of the callous pipe. During the treatment, it will be well to occasionally remove the substance used, and wash out the parts with an alkaline wash. After which allow the parts to heal, observing the general directions before given.

Incomplete Internal Fistula.—This form is not of very frequent occurrence, and is, in all instances, difficult to both diagnose and treat. It may be known by the usual symptoms which characterize the other forms, especially a smarting or darting sensation; often the pipe is filled with pus or fecal matter which may be forced into it while the bowels are in a constipated condition; this always produces a throbbing sensation, which is not relieved until free suppuration takes place, known by pus being passed at the time of defecation.

When these symptoms are present, the anal speculum should be used, and the exact location of the disease determined; then by the use of a syringe with a long and curved pipe, which is to be passed thro' the speculum, the fistulous pipe may be injected as recommended in the other form. Under the most favorable circumstances, as a general thing, it will continue burrowing until a complete fistula is formed.

Complete Fistula.—This may be dilated as before recommended, until the indurated parts are destroyed; then pass a ligature by arming a common silver probe with a double and twisted thread of saddlers' silk; then, after lubricating the index finger, pass it up the rectum, and with the other hand press up the probe until its blunt point comes in contact with the finger, then catch it under the finger, and at the same time the finger is withdrawn push up the probe. In this way it is bent, and drawn out through the anus. Then fasten the ligature by giving it two loops; this will hold sufficiently tight without any knots being tied. This may be tightened daily, yet avoiding a too rapid cutting of the ligature, lest the same result which follows the knife should obtain here. It should not be cut faster than it will heal. As a general thing, it will require from two to four weeks. The parts should be washed out daily with alkaline water.

I could here enumerate a large number of cases treated in this way, without a failure in a single case.

In some instances there is a complication of disease, especially with the lungs, which must be treated accordingly.

In all cases, we believe the patient may be much benefited by the use of tonics, and where there is much debility, stimulants may be used with advantage.

The question is frequently asked, is there a liability to a return of the affection? If the peculiar habit which obtained during its forming stage is not removed, the liability for another fistula is great; but if this be removed, then there is no more danger than if the person had never been diseased. The peculiar tenderness which attends this disease during the forming stage, as well as during the treatment, will continue often for months after the parts are healed; so much so, that in some instances it has been difficult to convince the patient that a cure had been effected. I would here remark, that I have treated cases where the pipes were three and four inches long.

The greatest difficulty in the treatment of fistula, is the haste in which the case is forced through. I always have a fair understanding with patients upon all these points, before I commence the case, and unless they will agree to follow directions, I decline to treat them.

HÆMORRHOIDS (PILES.)

BY PROF. R. S. NEWTON, M. D.

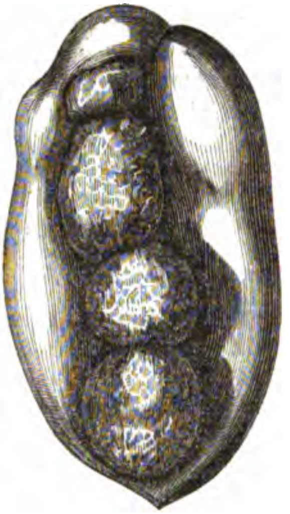
This affection is quite common in the West, and is very difficult to cure; so much so, that many physicians acknowledge an entire inability to successfully treat it.

This disease is generally divided into two species—blind internal piles, and bleeding or external piles.

Those who are seriously affected with the disease suffer beyond description. It generally increases until the tumors begin to bleed. This hemorrhage may be slight, or it may be profuse; some lose much blood after each stool, others bleed only occasionally; some only lose after each evacuation a small quantity of blood, while others lose as much as eight ounces.

This disease is generally brought on by constipation of the bowels, and is associated with persons of sedentary habits; scarcely ever have we noticed it in a person of active habits. It is an affliction which certainly is the most loathsome; and hence there prevails the strongest desire on the part of its victims to be cured.

W. J., of this city, aged 40, of bilious temperament, came to consult me for this disease. He had been a sufferer from blind piles for many years. Of late he had bled quite freely; so much so, that he often lost as much as a teacupful of blood after each stool. He had been attended by several physicians of the city without relief. We relieved him in eight days, since which time he has been able to attend to active business without any intermission whatever, notwithstanding he had been in his bed the most of the time for a month, from the effect of the continual hemorrhage.



The tumors, being three in number, were forced down, presenting the size of an ordinary walnut. I ligated all of them at the same time, using three ligatures. I prefer passing the ligature so as to include the whole base of the pile tumor, and not to pass a needle through the center of the tumor, and tie each way from the center, as recommended by Prof. Syme and other surgeons. We have, in all cases under our care, adopted this method, and we think it a more certain means of preventing hemorrhage, which is the great desideratum at this juncture of the case.

Another matter of importance may be mentioned here: as to whether the tumors are to be allowed to pass back, as soon as they will, after the application of the ligature. We have tried both plans, and after many years' experience we will say, in every case prevent it if possible. This plan will, however, be attended with more pain than when they are returned. It may be asked what advantage has this over the usual method of returning. We answer that you can see daily, from the appearance of the piles, whether it is necessary to tighten the ligatures or not; the piles will slough in much less time; the patient can keep better abluted, and feel more comfortable.

While the tumor is sloughing, use freely the cold water dressing, alternating with the mild zinc ointment. To allay the excessive pain that attends the treatment in most cases, use sulph. morphine, diaphoretic or Dover's powders, being very careful to give enough to relieve the pain. No other condition of the system will produce a more rapid prostration of the nervous system, hence the indispensable necessity of this course.

The ligatures were all tightened every second day, drawing them very tight each time, until the ninth day, when they came off. As a general thing, they should be allowed from ten to fifteen days to slough off, for if the ligature be drawn too tight, the tumor will be cut as with a knife, which by all means should be avoided; time should be allowed for the parts to heal as the ligature passes. After the removal, the patient should so regulate the bowels as to prevent constipation; also use cold water to the external parts, with an occasional injection of cold water.

The following cases were treated upon the same plan, with a similar result; and we will here state, that we never have met with a single case that we could not cure with the ligature, provided a distinct tumor was present.

Mr. P., of this city, aged 47, had been afflicted with bleeding piles for six years; his disease had increased to that extent that he was bleeding very profusely. After each operation from his bowels he had bled so freely as to cause him to take his bed for some month previous to his placing himself under our care. When we commenced his case, he had become almost as white as a sheet, from the repetition of the loss of blood. In three weeks he was able to resume his business; since which time he has had no recurrence of the disease.

Mrs. C., aged 30, called us in to see her for the purpose of having us examine her case. She had been treated by several physicians for different kinds of disease. Some treated her for lung affection; some for liver disease; and some regarded her case as one of dyspepsia. After making a careful examination of her case, we gave it as our opinion, that the pile affection, under which she was laboring, was the sole cause of her trouble. After treating her accordingly, we discharged the case as entirely cured, and in less than ten weeks she was able to visit over the city—having hardly been able to leave the house for over two years previously.

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CLINICAL REPORTS.

NEWTON'S CLINICAL INSTITUTE,

Spring Session of 1857.

SERVICES OF PROFS. NEWTON AND FREEMAN.

REPORTED BY PROF. Z. FREEMAN.

Case 492. Feb. 27.—Catherine Duffy, æt. 9. Scrofula. Has been affected two years. Developed itself by swelling and tendernes of the inguinal glands. Three of these, after two months, suppurated and discharged pus for a while; then two of them healed, while small eruptions or pustules formed and continued to moisten the groin with their secretion. About the time of the closing of these abscesses in the groin, some of the cervical lymphatic glands enlarged, suppurated and discharged pus, presenting in every respect a condition similar to those of the groin. These and their accompanying eruptions, continue to discharge a sero-purulent secretion. There is also, in spots upon the scalp, a scaly eruption, intersected with pustules, the secretion from which mats the hair somewhat. The external border of the left cornea, and the adjoining part of the sclerotic coat, are slightly inflamed; there is also a small opaque spot upon the cornea at this point; no special tenderness of the eye. At present there is no tenderness of any of the swelled lymphatic glands. General health apparently middling good; bowels regular, appetite good. Unless the inflammation of the eye is relieved, it may terminate in staphyloma. Child rather irritable in disposition; temperament sanguine encephalic.

Treatment.—Alkaline bath and friction once a day. ℞ Prussiate iron ʒj, hydrastin ʒss, syrup stillingia ℥iv. M. Take one teaspoonful four times a day. ℞ Tinc. iodine, ʒss, iod. potass. ʒss, tinc. arnica ʒj, water ℥iv. M. Bathe the neck night and morning. Apply the mild zinc ointment to the eye.

March 23. —Much better, eruptions on the neck and groin have nearly disappeared, and the abscesses are nearly healed. General health improved also. Continue the treatment.

April 10.—Still improving in every respect; the eruption has nearly disappeared from the scalp; the eye is much better, yet the opacity continues, though less; abscess healed, and the eruptions upon the neck and groin have disappeared. Continue the treatment for a few weeks. Discharged.

Case 493. March 3.—Bridget Duffy, æt. 39. Syphilitic inoculation. Was apparently well until about nine months ago, when, while washing some clothes soiled with syphilitic virus, some was (as she supposes, inoculated into a wound on her hand. The hand was somewhat swollen for a time, and the sore healed obstinately. About three months afterward, a small purple tumefaction appeared upon the arm, which became gangrenous and black, and sloughed out. The sore healed slowly afterward, leaving a copper-colored cicatrix. Since that time she has become nearly deaf; has much pain in her head and dizziness; has a severe cough; pain in the left illiac region; bowels regular. She is exceedingly nervous and excitable from slight causes; her whole system seems laboring under an affection of the lymphatic system. The symptoms are those that would attend the absorption of syphilitic virus; her whole system seems contaminated with it.

Treatment.—Saline and alkaline bath, with friction, once per day, when the weather is pleasant. Avoid animal diet for a few weeks. ℞ Tinc. phytolacca dec. ℥ij, syrup stillingia ʒij, prussiate iron ʒj, hydrastin ʒss. M. Take fʒj three times a day. Apply two drops glycerine (warm) into the ear morning and evening. Bathe the neck and breast with spirits terebinth for the cough, and also apply it to the left side to relieve the pain there.

March 23.—Improving; general health improved; cough, pain in the head, chest and side better; deafness slightly improved. Continue the treatment.

May 1—.No further report.

Case 494. March 20.—J. B. æt. 33. Empyema. About four years ago, he had a severe attack of pleurisy on the left side, (right pleura not apparently affected.) This attack passed through its usual course, but unexpectedly terminàted in an effusion of serum in the pleural sac. Three months from the commencement of the disease, paracentisis was performed, and seven pints of serum were drawn from the pleural cavity. In three weeks again the same amount was drawn by tapping. At the end of three weeks more, the pleural cavity seemed filled again; the lung was much compressed and inactive; the patient measured forty-two inches around the chest. The wound made by previous tapping had healed, but at this point the cicatrix seemed distended and protruding; this was punctured, and about seven pints of purulent fluid discharged. The fluid was not fetid, but purulent, and sometimes of the consistency of pus, yellowish and sometimes a little greenish. A silver tube three inches in length and slightly curved, has been inserted into the opening, and this retained by straps around the waist, and stopped by a piece of cork. Every day the accumulated pus is drawn off through the tube, and the part washed out with castile soap water. About two ounces of purulent secretion is daily discharged from the pleural cavity through the opening. Upon injecting the cavity, it will only hold about four ounces of fluid. The left side of the thorax is much contracted and flattened; the left lung nearly useless; there is only a slight sound of respiration at the root of the affected lung, the rest of the lung seeming inactive and contracted. The part around the orifice seems much depressed, as though the ribs and the walls of the left pleural cavity were rapidly approximating each other, for the purpose of lessening the pus cavity. His general health is good; he complains only of the inconvenience of the thoracic fistula.

Some physicians have pronounced his case hydro thorax, and others have assured him that his left lung was disorganizing, and the secretion from the cavity is from the suppuration of the lung. There is no suppuration nor disorganization of the lung, but from constant pressure it has become crowded up into the upper part of the pleural cavity, collapsed and atrophied, while the purulent secretion is from the surface of the pleura alone. It is a common thing for serous membranes to secrete purulent matter when exposed to atmospheric air, or when laboring under chronic irritation or inflammation.

Treatment.—℞ Sesq. carb. pota ss. ʒj, water ℥vj. M. Inject about two ounces into the pleural cavity every morning after drawing the accumulated secretion. The object of this is to correct the condition of the secreting surface, and improve the secretion as much as possible. We do not expect to heal or close this cavity for some time, but merely keep the secretory surface healthy, until the sides approximate, and so close the cavity. No special constitutional treatment is necessary, as this is entirely a local difficulty.

April 10.—Patient about the same. Has been using the injection of sesq. carb. potassa solution of half the above strength, and we suggest its use milder, or merely of sufficient strength to keep the parts healthy and allow them to close. I expect the walls of the chest to contract still more.

Aug. 1.—Parts continue contracting; secretion less, but of the same character; general health good. This pus cavity is bounded below by the diaphragm; internally by the mediostinum; above by the lower border of the left lung, and externally by the pleura costalis.

Left for home; no further report.

CHRONIC HEPATITIS.

BY BENJ. F. PAYNE, M. D.

The liver is the largest and one of the most important organs of the body, and performs the double office of separating impurities from the venous blood of the chylopoictal viscera, previously to its return into the general venous circulation, and of secreting the bile, a fluid necessary to chylification. When we consider the anatomy and functions of the liver, and its intimate relations with other important viscera, we can readily perceive why this organ is so liable to structural diseases, and functional derangements. But, notwithstanding the frequency of hepatic disease, the very common practice of assuming some torpidity, disease, or derangement of the liver, and administering agents, cannot be too strongly guarded against by the practising physician. The almost universal administration of mercury by the Allopathic school, in all diseases, on the supposition that the liver is always implicated, and the deleterious effects of such empirical practice, are well known to all intelligent physicians of the reform school of medicine. A correct diagnosis is therefore very important, and should be diligently sought after by the judicious physician. In chronic hepatitis, the whole substance of the liver may be involved, or only a part, or any portion of it, or its investing membrane; and certain characteristic symptoms, attendant upon each particular location of the disease, will generally enable the physician to form a correct diagnosis.

SYMPTOMS.—Chronic inflammation of the liver is sometimes a sequel of the acute, but is more frequently an original affection. It not unfrequently comes on very insiduously without any very marked symptoms that would be likely to call attention to the diseased organ, particularly when it is developed gradually by alterative doses of mercury. Generally, however, upon examination, some tenderness will be discovered in some portion of the liver by pressure, and not unfrequently more or less enlargement; but in many cases the symptoms are well marked from the commencement. There is a dull, aching pain with a feeling of oppression in the right hypochondrical region. There is generally a disordered state of the stomach, with irregular bowels, sometimes costive, alternating with diarrhea, bitter taste in the mouth, tongue more or less coated, jaundiced condition of the skin, harsh dry surface, high colored urine and sometimes acrid and burning, short dry cough, great depression of spirits, gloomy and desponding, easily exhausted from exercise, slight febrile excitement generally in the evening, general debility and emaciation, pain in the shoulders, flatulent colic, appetite variable; the patient feels a sense of fullness in the epigastrium. The pulse in chronic hepatitis is sometimes moderately accelerated in the evening, during the exacerbation of the fever, but it generally indicates a languid condition of the whole system. The above are among the great variety of symptoms that exhibit themselves to a greater or less extent in the disease under consideration, although in some cases many of the symptoms enumerated may be entirely absent.

CAUSES.—Among the causes of chronic hepatitis, I shall first speak of mercury, which, in my humble opinion, is more prolific in generating this disease, than all other causes combined. Prof. Wood, in his work on Practice, says, that "the well known excitant influence of mercury upon the hepatic functions, would of itself render the production of inflammation, from an excess of its action, a highly probable result." It is admitted, I believe, by most if not all medical writers, that the free use of mercury may cause hepatic disease. Prof. Chapman, of Philadelphia, ascribes the prevalence of hepatic complaints in his neighborhood to the use of mercury, and he further states, that previous to its free use in that district, hepatitis was almost entirely unknown. It is a well known fact, that the prevalence of chronic diseases, particularly those of the liver, is diminished in all sections of the country where the reformed system of practice has superseded that of the mercurial. In Trumbull county, Ohio, where the Eclectic system has almost entirely superseded the old mercurial practice, chronic diseases of the liver are very rare; whereas, during the reign of old Allopathy, scarcely a family could be found, who were entirely exempt from some hepatic derangement.

Among other causes of chronic hepatitis may be mentioned vicissitudes of temperature, sudden change from heat to cold, dry to wet, &c. It may be caused from intemperance in eating or drinking, and probably, with the exception of mercury, there are no causes more prolific in producing hepatic diseases, than intemperance and irregularities of living, and sedentary habits. Many other causes are mentioned by writers, such as direct injuries to the liver by blows, falls, &c.

The liver may become affected from other diseased organs, as disease of the lungs, stomach, and intestines. Temperament, age, and sex, are supposed by some to have an influence in the causation of hepatitis.

Diagnosis.—The locality of the disease, in hepatitis, may be inferred from the character and location of the pain, and the tenderness of the parts affected. When the peritoneal coat is involved the symptoms are all more aggravated than when the disease is confined to the substance of the organ; there is more pain upon inspiration, and greater difficulty of breathing. It is said that disease of the right lobe causes an aching or pain in the right shoulder, and when the left lobe is the part affected, the pain is in the left shoulder. Hepatitis may be distinguished from pleurisy by the character of the pain, and by the greater difficulty of breathing in pleuritis. The skin is of a yellower tinge in hepatitis than in pleurisy. Hepatitis may be distinguished from diseases of the lungs by the enlargement or induration of the liver, and by auscultation and percussion, also by the character of the cough and expectoration. When other organs are involved in the difficulty, as in gastritis, &c., the symptoms peculiar to derangements of those organs will be likely to lead to a correct diagnosis.

Prognosis.—The prognosis of chronic hepatitis, under Allopathic treatment, is, as a matter of course, unfavorable; for, as the treatment recommended will produce the disease, when administered to healthy individuals, it is very natural to suppose, that it would aggravate the disease when it already exists, and increase its mortality. The prognosis, however, under a rational and judicious course of treatment, when not complicated with diseases of other important organs, may generally be considered as favorable.

Treatment.—Before giving my views of the treatment of the disease under consideration, it may not be improper to examine briefly the treatment pursued and recommended by the Allopathic branch of the profession. By an examination of their standard authorities, we find their main reliance in this disease is mercury; indeed, if we examine the whole catalogue of diseases with which the human family are afflicted, we find this agent among the most prominent recommended for nearly all of them. That men claiming to be scientific, after years of experience with this great Paracelsian quack remedy, should continue its use, is indeed strange, when any good resulting from its use is so rarely to be obtained, and its deleterious effects are so great. If nature's laboratory was not so bountifully supplied with mild and sanative agents for the removal of disease—agents which will not only cure those diseases for which mercury is given, but in many cases, after this Allopathic Samson has nearly exhausted the vital powers of the system, they will restore the sinking energies of life, and rescue the victim of scientific quackery from a premature grave—I say, if nature had not thus supplied us with these agents, there might have been some excuse for the use of mercury. But these mild and yet effective medicinal agents, are scattered in bountiful profusion on every hand; they may be found on almost every hill-side. The pure and limpid water, which may be found in every gurgling stream, is one of nature's best and greatest gifts to man, and can never be better appreciated than when properly used as a curative agent. I have neither time nor inclination to enter into a lengthy essay to prove that mercury is a disease-creating agent, and that it is an unsafe and dangerous remedy; for we have only to read the writings of those who recommend and advocate its use, to be thoroughly convinced of this fact; neither is it necessary, at this stage of medical reform, to resort to any great logical reasoning, to prove that diseases can be more successfully treated without mercury than with it, for this has been demonstrated and placed beyond all doubt, and it only requires observation and an impartial investigation, to be convinced of this truth.

Having thus indicated some few of the many reasons why I do not follow the Allopathic course of treatment recommended for the disease under consideration, I will now proceed to give a course of treatment, which I believe to be sanative and rational, and which, in my hands, has been successful.

In the first place, when called upon to prescribe for an uncomplicated case of chronic hepatitis, if the liver is torpid and bowels costive, I commence with small doses of podophyllin, say from one-half to one grain, in ordinary cases, to be taken three times a day, until it operates pretty freely on the bowels. If there is much acidity of the stomach, I give the podophyllin, combined with the syrup rhei and potassa. If there is diarrhea and debility, when first called to prescribe, in place of the podophyllin, I commence with small doses of leptandrin, hydrastin and geranin. I also order the patient to use the alkaline bath once or twice a day, warm, cold, or with the addition of stimulants, as the condition of the system seems to require. In addition to this, I order the side to be bathed, in the region of the liver, with the tincture of camphor and chloride of sodium (two ounces of the latter to eight of the former), night and morning.

After regulating the action of the bowels, and restoring as near as possible the natural secretion of the liver, I continue the treatment with alteratives and tonics, being careful to keep up a regular and as near as possible a natural action of the bowels, by restoring a healthy condition of the secretions upon which their action depends, and not with irritating cathartics. Among the tonics and alteratives, I have found hydrastin, leptandrin, and sanguinarin, podophyllin, compound syrup stillingia, alterative syrup, &c., to answer a good purpose; but as a general alterative, tonic, and diuretic, I have found the following one of the best that I have ever used in this disease:

℞	Galium aparine,	℥iij
	Leontodon taraxacum,	℥ij
	Hydrastis canadensis,	℥iij
	Asclepias tuberosa,	℥vj

Make one quart of syrup, and give one or two tablespoonfuls three times a day.

The diet in this disease should be regulated according to the condition of the stomach, and the ability of the absorbents to appropriate nourishment.

I have found the above course of treatment, alternated and changed according to the effect produced and symptoms developed from time to time, together with proper exercise and other hygienic agencies, amply sufficient in all cases of uncomplicated chronic hepatitis. I will say, however, that where there was much enlargement of the liver, I have sometimes used the irritating plaster with good effect over the region of the liver, and, when not contra indicated, the iodide of potassa internally.

When other organs are involved, the case must be treated according to the condition of the parts affected, and all the complications and indications should be carefully studied, and the proper treatment will readily suggest itself to the careful and judicious physician.

May, 1857.

VEGETABLE MATERIA MEDICA—ITS ADAPTATION TO DISEASE.

BY W. W. SMITH, M. D.

The founders of Eclecticism have discovered and brought into this department of the science many valuable medicinal agents, which have done much to relieve suffering humanity, and lessen mortality, and doubtless will be hailed as a blessing, by nations yet unborn. Eclecticism, comparatively speaking, is yet in its infancy, and how many thousands can testify that they have been relieved of disease that rendered life miserable, and had resisted the oft-repeated firing of the big gun of Allopathy (mercury), without in the least retarding it in its ravages on the system. The present epoch has developed to the intelligent the long-neglected truth, that drugging the human system with poisonous minerals is unscientific, and fraught with the most deleterious consequences, and therefore should be abandoned by every educated physician. What a source of pleasure to the Eclectic practitioner to know that the vegetable kingdom furnishes a balm for every wound, an anodyne for every pain, a refrigerent for the feverish brow, without producing that deformity and ghastly appearance, so often witnessed resulting from the use of mercury, arsenic, antimony, &c.

The star of Eclecticism is in the ascendency, gaining for itself a reputation in every community where it has been introduced; the time has arrived when the zealous advocates of the reformed practice of medicine see their labors crowned with the happiest consequences, and themselves honored with the plaudits of the invalid: "I was suffering from disease, and pronounced incurable by Allopathic physicians; but you, Eclectics, with the vegetable materia medica for your weapon, combatted my disease successfully, and restored me to health again."

The extraction of the active principle from the crude article, is a valuable improvement in the vegetable materia medica, giving our agents the superiority in effect, from quantity, beauty and convenience, over any other medicinal agents.

Roll on, Time! and subvert the routine practice of Allopathy, namely, mercury, arsenic, antimony, &c., and substitute in lieu thereof, nature's remedies, which evidently are more compatible with the human organization, milder in their action, and every way better adapted to the diseased system.

The first disease which we shall notice in this connection, is one for the treatment of which our remedies have acquired an unparalleled reputation. The disease referred to prevails to an alarming extent in our north-western latitudes, and regarding its mortality, it should attract the attention of all practising physicians; it is known by the different nomenclatures of *pneumonia*, *pulmonitis*, and *inflammation of the lungs*.

It would be superfluous in an article like this, for me to give the causes, diagnosis, &c., of this disease, as all medical authors treat extensively upon it, and I might say, unanimously concur in the cause producing it, diagnostic symptoms, and indications to be treated. The only diversity of opinion existing is in regard to the agents best adapted to fulfill those indications. When called to treat a case of acute pneumonia, the first agent we administer is an emetic.

℞ Infu. eupatorium perfo.	f℥ix
Tinc. lobelia inflata,	ℨiij
Tinc. sanguinaria,	ℨiij M.

Administer four tablespoonfuls every ten minutes, until free emesis is produced.

After the action of the emetic, administer a cholagogue cathartic composed of

℞ Podophyllin,	gr. ij
Leptandrin,	gr. iv
Asclepin,	gr. iv. M.

Divide in four powders, and take one every hour and half in simple syrup. Hot fomentations of bitter herbs, such as anthemis nobilis, tanacetum vulgari, are valuable adjuvants applied over the region of the chest, and should not be omitted. To allay febrile excitement, the concentrated tincture of veratrum viride stands pre-eminent; it has not had the application in those inflammatory diseases which its value merits; beside its sedative properties it possesses others no less valuable, being a certain and reliable diaphoretic and expectorant. I feel warranted in saying that the materia medica possesses no article superior to the one under consideration, either as an arterial sedative, diaphoretic or expectorant. I wish all practitioners to give this agent a thorough test, feeling confident as I do, all that is requisite to bring this agent into general use is its administration in such diseases as its properties indicate. It may be given in three drop doses every two hours, until you reduce the pulse down to the point desired; you can then modify the quantity given, and say, as Joshua said to the sun, "Stand there," till nature, by the aid of appropriate remedies, removes the morbid accumulations from the system, and restores equilibrium to the circulation.

Expectorants are always indicated in this disease. The following compound will be found a valuable expectorant, and one that can be relied on:

℞ Syrup senega,	ʒj	
Syrup ipecac,	℥j	
Tinc. tolu,	℥j	
Tinc. sanguinaria,	ʒiij.	M.

Administer one teaspoonful three or four times a day. This treatment, given in conjunction with warm pediluvia and bathing the surface, will rob this disease of twenty per cent. of its mortality. The synopsis of treatment here recommended is for adult persons, who possess a high endowment of vital force. Those of debilitated constitutions should be treated with tonics, expectorants, stimulants, &c.

DYSENTERY.—How many thousands have peopled an untimely grave from the ravages of this once supposed formidable malady. There is no disease with which we are conversant, that has produced more suffering and distress than the one referred to, and the Reformed practice of medicine has clearly demonstrated, beyond cavil or doubt, that the administration of mercury in this disease has been the cause of producing thirty per cent. of the mortality resulting from dysentery.

If there are any medicinal agents which may be recognized as specifics, in the treatment of any one disease, it is the vegetable materia medica in the treatment of dysentery; and in confirmation of our views, we have only to refer to the practice of many Eclectic practitioners, who have treated hundreds of cases of this disease, with vegetable medicines, without the loss of a patient. When this disease assumes the acute form, our prescription is

℞ Podophyllin,	gr. iv	
Leptandrin,	gr. vj	
Asclepin,	gr. vj.	M.

Divide in four powders, and take one every three hours, till free catharsis is produced. After the action of the cathartic, it will be necessary to keep up a determination to the surface, and restore tone to the debilitated intestines, for which I administer the following:

℞ Sulph. quinine,	gr. x	
Sulph. morphine,	gr. ss	
Asclepin,	gr. viij.	M.

Divide in eight powders, and administer one every four hours in syrup, and continue until the symptoms subside. If the disease does not yield to the above treatment, it will be necessary to use injections composed of—

℞ Inf. hydrastis,	℥j	
Tinc. opii,	gtt. xx.	M.

Use cold. In some cases you may have to resort to the cholagogue cathartics the second time. If the patient appears to be sinking from debility, you may administer the following:

℞ Wine oporto,	℥j	
Geranin,	gr. iv.	M.

Give one tea spoonful every three hours. Sometimes we may derive much benefit from the following prescription:

℞ Tinc. catechu,	ʒiij	
Tinc. opii camph,		
Tinc. leptandrin, *aa.*	ʒj	
Syrup cinnamon,	℥j.	M.

Give one teaspoonful every two hours. Some practitioners recommend the administration of alterative doses of podophyllin and leptandrin, to be continued during the treatment of the disease, but we regard this unnecessary, where you have obtained their full effect in commencing the treatment.

Our subject would have been more intelligible, if we had given the pathological conditions of the system, when laboring under the diseases treated of; but we presume no physician would impose himself upon a credulous community, without having a knowledge of the pathological condition of the system in disease, also of the therapeutic action of the agents prescribed. If so, he will at once see the utility of the remedies prescribed.

June, 1857.

SANGUINARIA CANADENSIS.

BY JOHN A. THOMAS, M. D.

If a medicine is only to be procured in some remote corner of the earth, Spitzbergen, South Africa, the Sandwich Isles, or Van Dieman's Land, and costs a very high price, we imagine at once that it is valuable in proportion to the cost and trouble necessary in procuring it. But if it grows in our own country, and perhaps in our gardens, in abundance, we are very apt to conclude that it is too easily procured and too cheap to be of much value. As a familiar example, we will examine to some extent, in this article, the medical properties and uses of *Sanguinaria Canadensis*, one of the most common and abundant indigenous plants, which is too well known in domestic practice, and by Eclectic and Botanic physicians, to require a description in this communication. Suffice it to say, that it is commonly called *red puccoon* or blood root. It grows abundantly in almost every part of the United States. It is one of the earliest spring flowers, appearing in this latitude in the latter part of March. When dried, the root is in pieces from one to three inches in length, much wrinkled and twisted, with abrupt offsets, and numerous short fibres. When pulverized, the powder is a brownish red, having a faint virose odor and bitterish taste. It imparts its properties readily to alcohol and boiling water. The root should be dug as soon as the seed is ripe, and dried in the shade without being washed; the dirt should be cleaned off with a brush, as soon as the roots are sufficiently dried. The root should be procured annually, and kept in the shade, in a dry place, as age, sunshine and moisture, rapidly impair its activity. An alkaloid is prepared from the root called *sanguinaria*, also a resinoid called *sanguinarin*, both of which are very valuable preparations.

The question has often been asked, what article or drug in our materia medica possesses the greatest number of therapeutic properties? or, in other words, if you had to combat disease in all its various forms, with only one medicine, what article would you take? An Allopathic physician once said, relative to this subject, "Give me *calomel* and the *lancet*, and I am prepared to combat disease in all its multiplied forms." But to the interrogation I would unhesitatingly answer, if I had to combat disease with one medicine only, I would take sanguinaria, with its alkaloid and resinoid preparations. Sanguinaria possesses the following properties, viz:

1. Emetic.
2. Narcotic.
3. Stimulant.
4. Expectorant.
5. Sedative.
6. Sudorific.
7. Alterative.
8. Emmenagogue.
9. Tonic.
10. Cathartic.
11. Hepatic.
12. Antiseptic.
13. Detergent.
14. Escharotic.
15. Errhine.
16. Hæmatinic.

All the above properties may be realized by the judicious administration of sanguinaria. Given in over doses, it produces violent emesis, a burning sensation in the stomach, great thirst, vertigo, dimness of vision, alarming prostration, and even death. Given in full doses, it is an active and valuable emetic. In large doses, it produces nausea, diaphoresis, and consequent depression of the pulse; in small doses, it stimulates the digestive organs, accelerates the pulse, and produces a tonic, hepatic, and hematinic effect.

It has been used internally with signal benefit in all pulmonary and hepatic diseases, as catarrh, croup, purtussis, pneumonia, neuralgia, rheumatism, jaundice, chronic hepatitis, dyspepsia, amenorrhea, dysmenorrhea, chlorosis, suppressed lochia, hydrothorax, dysentery, &c.

Externally it may be used with advantage, as a snuff, combined with bayberry bark, in coryza, and also for nasal polypus. The powder often proves very beneficial when applied to old sores, indolent ulcers, fleshy excrescences and fungous flesh, by its escharotic and detergent properties, removing the unhealthy matter and fungous growths, and producing a healing and healthy condition of the ulcers, &c.

The vinegar tincture, combined with a little capsicum, is an excellent application in many cutaneous diseases, such as ringworm, tetter, &c.

I have used it, combined with macrotys racemosa, in many obstinate cases of amenorrhea and chlorosis, also spinal and neuralgic affections, with astonishing success, after many other medicines and physicians had failed. The following is my usual formula, which I consider one of the most valuable emmenagogues:

℞	Sanguinaria canadensis,	℥j
	Macrotys racemosa,	℥j
	Vinum (best)	Oj.

Digest fourteen days and filter. Give f℥j three times per day, for uterine obstructions; for neuralgia, rheumatism, spinal irritation, &c., give fʒij three times per day, half an hour before eating. I have found the above emmenagogue much more prompt and certain in its effects, than the celebrated *tincture* recommended by Prof. Dewees.

In coughs, colds, purtussis, and the convalescing stage of pneumonia, croup, bronchitis, &c., I have found the following compound an excellent remedy, surpassing even the celebrated balsam of wild cherry, cherry pectoral, &c., as many in this vicinity can attest.

℞	Tinc. san. can.	℥vj
	Tinc. lobelia inf.	℥iij
	Syrup scillæ,	℥iij
	Tinc. opii camph.	℥j
	Ol. anise,	℈ss
	Capsicum,	℈ss
	Honey,	℥iv.

The above formula will be found valuable in all cases where a stimulating diaphoretic and antispasmodic expectorant is indicated, and may be administered according to the nature of the disease, idiosyncracy of the patient, and judgment of the practitioner.

In jaundice, chronic hepatitis, and all hepatic diseases, it is a valuable remedy, combined as follows:

℞	Sanguinarin,	ʒj	
	Leptandrin,	ʒiij	
	Podophyllin,	ʒj	
	Hydrastin,	ʒj	M.

Make pills xc; of these give one every night and morning. If there is constipation, increase the dose.

In cases of intermittents, especially of long standing, the following may be added to the above:

℞	Sulph. quinine,	ʒj
	Phos. ferri,	ʒij
	Capsicum,	℈ss

The above formulæ are tonic and alterative, and when given continually, as much as the patient will bear without producing debility by too free catharsis, will be found one of the best known remedies, without any other medicine.

Having briefly noticed a few of the many valuable properties of one of the most common plants peculiar to our climate, I must now bring my communication to a close.

July, 1857.

UTERINE DISEASES.

BY WILLIAM SHIPP, M. D.

I am led to make a few remarks upon this subject, because these affections are more common than almost any other, yet less notice appears to have been taken of them by authors; and also from the simplicity of the treatment when taken in the incipient stage, yet the very great difficulty of effecting a cure where they have been improperly treated, or from neglect, let run on until the vital powers are nearly exhausted.

MENORRHAGIA.—This disease is characterized by an unusual large amount of secretion during the menstrual period, which will be found more or less coagulable after it has been discharged. Where this hemorrhage is very excessive it soon prostrates the system, hence early treatment is essentially necessary.

Causes.—Causes of menorrhagia are numerous; I will give a few only of the most common. Great mental excitement, constitutional debility, constant application to study, sedentary habits, want of proper exercise in open air, but perhaps nothing would act more certainly as a cause to its development, than frequent abortions, painful and deficient labors, general debility from whatever cause. It may have its origin in improper medication, such for instance, as tend unnecessarily to excite the generative organs, causing a determination of blood to these parts, such as the exhibition of spts. turpentine, cantharides, creosote, &c. Improper drinks of a stimulating quality, as hot strong coffee, tea, and alcoholic liquors, highly seasoned and stimulating diet. This disease is often caused by external injuries, such as blows, falls, and compression of the abdominal viscera, tight lacing, wearing heavy skirts, also loss of rest and sleep, keeping late hours, exposure from attending public festivities, or anything calculated to inspire libidinous strength, sudden change of temperature, exposure to cold to accommodate fashion's whims. The difficulty would appear to be what course of life might be followed in order to avoid this disease, rather than to find its varied causes.

Symptoms.—Great fatigue, headache, vertigo, difficult respiration; pulse, in plethoric patients, full and bounding, but in anemic patients, small, frequent, intermitting; pain in the back and loins, of a bearing down character; patient is restless, generally attended with more or less fever, and consequent thirst. Where the patient is much debilitated, the countenance will be unusually pale or cadaverous, muscles relaxed, palpitation of the heart on slight excercise, appetite impaired, sour eructations, cold extremities, circumscribed flush of the cheeks, indicative of hectic fever, which should always be considered unfavorable, though even then, happy cures may be effected.

Treatment.—Use in all cases, the warm pediluvia often; hot applications to the extremities, with alkaline bath to the surface, friction, with cold applications to the loins, will be found to be very serviceable; use astringent vaginal injections, as a decoction of macrotys, trillium, and geranium. Where there is much pain and feverish action, add anodyne. Give internally, the following preparation;

℞ Sulph. alu.	grs. vj
Geranin	grs. iij
Opium	grs. j

This compound given once every three or four hours, has proven advantageous in my practice. Use such means as will equalize circulation. Keep the patient in a recumbent position, avoid all excitement. These means persevered in, will in most of cases give speedy relief. Direct patient to avoid anything that would have a tendency to cause a determination of blood to the pelvis and keep up the warm pediluvia between the usual times of recurrence of paroxysms.

AMENORRHEA.—This disease is divided into two varieties; the first occurs in those who have never yet menstruated, though the usual period of life has been attained. This form has received the appellation *emansio-mensium.* The second species happens in those females who, having formerly menstruated, from some cause the menstrual flow becomes suppressed, and has consequently been termed *suppressio mensium.*

Causes of amenorrhea are similar to those of the preceding variety. Among the most prominent I will name sudden exposure to cold, humid atmosphere, too frequent venereal indulgence, sedentary habits, want of exercise, neglect of cleanliness, improper diet, &c. Numerous other causes might be mentioned, most of which, however, will be found under the head of menorrhagia, together with mechanical obstructions of various kinds, as imperforate hymen, adhesions of the vagina or mouth of the uterus. The entire absence of the organs of generation has been known to obtain, where, of course, no secretion is to be expected.

Treatment.—In the treatment of this disease, circumstances, together with the constitution, should be observed, and the course varied accordingly. In plethoric habits, give first the emetic of lobelia, follow with comp. podo. pills, until free catharsis is produced. In many cases this, with warm pediluvia, will bring on the catamenia. But should this fail, give a tea composed of equal parts of macrotys, senecio, beth, and monarda punct. Let the patient use this as a common drink. Give at the same time, a pill composed of sulph. iron ʒi, white pine turpentine ʒij; form into 3 gr. pills; of these pills one may be given three times per day. Continue this for several days, bathing the feet in hot water every night before going to bed. In debilitated patients, attention must be given to the improvement of the constitution, using tonics, stimulants, with alterative syrup, and some preparation of iron, to improve the condition of the blood, with alkaline and salt water baths. In some cases, however, when this disease exists in unmarried women, it becomes necessary, before a permanent cure can be effected, that they should resort to matrimony.

LEUCORRHEA.—In considering this disease I feel at a loss how to proceed, regarding it as I do, when fully and firmly seated, incurable. We may often relieve it and make life more tolerable; we may even so far succeed as to enable the patient to enjoy life for many years; but I am persuaded we will not succeed in making a permanent cure in a very bad case, by any system of treatment now known to the profession. But we can cure, if called when the disease is yet in its incipiency, and the system is not yet fully impregnated, by a simple and judicious treatment.

This disease may be said to consist in an unnatural discharge from the vagina varying in quantity, consistence and color, which in a normal state, would be only the lubricating fluid necessary to the healthy performance of the functions of the parts.

Causes are primarily, too frequent venereal indulgence, and neglect of cleanliness. This to my mind was most clearly proven, during a few months sojourn in Central and some parts of South America. In those countries the matrimonial alliance is but seldom entered into; the consequent result is excessive venereal indulgence. And, upon inquiry, I found but few women who had reached the age of eighteen or twenty years, without having become victims to this, the most common disease of those climes. I am also of the opinion that the humidity of the atmosphere in these countries has much to do with the propagation of this disease. It is claimed by some authors that cold is a common cause of it. I can say that I have never known cold to be a *direct* cause of its production; it may be through the medium of other diseases. Cold will produce both menorrhagia and amenorrhea and also difficult menstruation, and leucorrhea may be a sequel to either of these diseases; thus indirectly having its origin in cold. Under ordinary circumstances, I am inclined to regard cold, to a moderate degree of intensity, as favorable in this disease, whilst heat and humidity aggravate it. In southern climates the patient looks forward to the cool season, as a sure means of partial relief from her suffering, and again dreads the approach of summer; besides, nothing perhaps serves a better purpose as a prophylactic, than cold bathing, cool air, &c.

Anything calculated to irritate the mucous membrane and mucous follicles of the vagina, causing increased amount of secretion from these parts, may tend to develop this disease. Any thing causing determination of circulation to the pelvis, or such things as would, under other circumstances, produce menorrhagia, may be the cause of this disease, in those peculiar habits apparently so susceptible to leucorrhea.

Symptoms.—A whitish discharge, at first thin, but often becomes globular, containing pus, varying in color, may be yellowish or greenish, sometimes stained with blood; often becomes fœted and very disagreeable to the patient and those around her. The face becomes palid, eyes yellow, sight impaired, with a dropsical appearance. The disease is usually attended with but little pain, great lassitude and dejection of spirits, patient becoming melancholy, with weakness and trembling on the slightest exertion; appetite variable or lost, with vertigo, headache, dry, harsh skin, palpitation of the heart; pulse small, weak, frequent and intermitting; hectic constipation followed by diarrhea, which, if not speedily relieved, will inevitably produce dissolution.

Treatment. —In treating leucorrhea I usually commence by the use of emetics, until the stomach has been thoroughly cleansed; then follow with a cathartic, neither drastic nor hydragogue, as they are likely to produce too much prostration. After the system has thus been thoroughly acted upon, I resort to alteratives, tonics, and diaphoretics, which should be more or less stimulating, as appears to be demanded by the constitutional stamina of the patient. The system must, in all cases, be thoroughly depurated. Free use of warm pediluvia, and alkaline baths to the surface, with moderate exercise in pure air, will be of great utility in the treatment of leucorrhea. It is also necessary to use injections per vagina of astringent properties. For this purpose, a decoction or infusion composed of rhus-glabrum, amygdalus, persica, quercus alba, and sanguinaria canadensis, will be found excellently adapted to most cases.

As an alterative, the comp. syr. stillingia, together with some tonic bitters, will be equal to any other. Formula for the tonic bitters, xanthoxylum frax., prunis vir., aa ℥j; podophyllum, orange peel, and cloves aa ʒi; all coarsely powdered; add half a pint of boiling water; when cool add one pint of good whisky; sweeten with sacch. alb. Give 1 coch. magn. three or four times per diem.

Ulcers frequently occur amongst the mucous follicles along the sides of the vagina, and may extend to the os uteri; in such cases great benefit may be derived from the use of an injection of infusion of hops, with a small quantity of pure castile soap and laudanum, per vagina, three or four times per diem. I have found this treatment, when persisted in for the proper length of time, in most cases, to give relief. But in all cases it is essentially necessary that sexual indulgence should be entirely dispensed with during treatment, otherwise a cure need not be hoped for. The causes known to produce this disease should be pointed out to the patient, and she should be guarded against them, as a recurrence of this disease is always to be feared.

Part 2—Progress of Medical Science

HOMŒOPATHY IMPARTIALLY APPRECIATED.

BY EDWIN LEE, ESQ.,

From the last London Edition.

[CONCLUDED.]

The homœopaths in Paris having petitioned the Minister of the Interior to permit the establishment of dispensaries for the treatment of patients by the homœopathic method, the minister requested the opinion of the Academie de Medicine on the subject. The reply of that body was made in the following terms:

"Monsieur le Ministre:

"Homœopathy, which presents itself to you at the present time as a novelty, is not a new thing. For more than twenty-five years this doctrine has wandered here and there; first in Germany, then in Prussia, afterward in Italy, and now in France; seeking every where, though in vain, to introduce itself as a branch of medicine.

"The time of the Academie has been repeatedly taken up with the subject, and, moreover, there are but few of its members who have not sought to ascertain its basis, and its effects.

"With us, as elsewhere, homœopathy has been subjected, in the first place, to logical examination, which has exhibited it in a formal opposition to the best-established truths, a great number of striking contradictions, and many of those palpable absurdities which inevitably ruin all false systems in the opinion of enlightened persons, but which are not always a sufficient obstacle to the credulity of the multitude.

"With us, as elsewhere, homœopathy has also been subjected to the trial of facts, and put to the test of experience. Observation, faithfully interrogated, has furnished the most categorical answers; for if it be admitted that some examples of recovery have occurred while under the homœopathic treatment, it has been ascertained that the success is justly attributable to the bias of a weak imagination on the one hand, and to the remedial powers of the constitution on the other. Observation has also shown the great danger of homœopathy in frequent and serious cases of diseases, where the physician may do as much harm, and cause no less injury, by inactive measures, as by those which are directly prejudicial.

"Reason and experience are consequently united to repel a similar doctrine, and counsel that it should be left to itself and to its own resources."

Having heard of the existence of a homœopathic hospital at Leipsic, the head quarters of the doctrine, I had the curiosity to visit it when in that city, some years ago, and was directed to a small house in one of the suburbs, with an inscription on the outside denoting its destination. I had no difficulty in obtaining admission, and was accompanied through the house by the assistant homœopathist, the principal being in the country.

From what I had previously heard, I expected to see at least from thirty to forty beds occupied by patients, and was somewhat surprised to find that the house only contained eight, of which but one was occupied by a phthisical patient, who had been for several months without any amelioration. There were, however, five other patients able to get about, viz., a case of chronic swelling in the foot; one of delirium tremens, which had also been a long time under treatment by arnica and hyoscyamus, in doses of the decillionth part of a grain, which I was gravely assured produced sound sleep; a young girl, with no other complaint than deranged menstruation, who had also been some months in the house; a case of necrosis of the tibia treated by the internal exhibition of homœopathic remedies; and a woman with a cutaneous disease, of a syphilitic nature, who had been treated with sulphur, carbon, gold, and other homœopathic remedies, since the month of February, but with little advantage, as the disease appeared to me likely to be interminable under a similar system.

During my visit two or three out-patients presented themselves. One of these was a healthy boy, with tinea-capitis, for which he had been taking homœopathic globules since February, the hair having been allowed to grow, and no external application having been used. The appearance of the patient's head did not afford any favorable evidence of the good effects of the treatment, and I should imagine the disease was much in the same state as when he first applied for relief.

The house-physician to this institution having become convinced, after a residence of several months, of the nullity and danger of homœopathy, gave up the appointment, and published an exposition of the system pursued, with an account of the cases, which clearly shows what had long been evident to the bulk of the profession and the public, viz., that the so called cures were recoveries from the ordinary ailments by the efforts of nature; the cases being frequently a long time under treatment, whereas, by a proper medication and attention at the outset, they would probably have been cured in a few days; and that many of the more serious cases got worse for the want of efficient treatment. When last at Leipsic, I heard that matters were going on indifferently with homœopathy, the hospital having been turned into a dispensary.

Most of the homœopathists of the present day have abandoned some of the more absurd propositions of Hahnemann as untenable, and it must not be supposed that they always adhere in practice to the avowed principles of their doctrine. It has not unfrequently happened, that persons who attributed their recovery to homœopathy were treated allopathically without their being aware of it. The case of the late Duke di Cannizaro, shows how little trust is to be placed in the practice of homœopathy. He was slightly indisposed, and was ordered some globules, one to be taken at stated intervals. Considering, however, that he would not be at home when the time for taking the third dose arrived, he took three doses at once and did not survive many hours, the substance being an active poison in a concentrated state. In fact, one practitioner in Leipsic, a professed homœopathist, candidly acknowledged that he pursued both plans of treatment, and was accustomed to ask his patients by which method they would be treated. The principles, however, are the same, viz, expectation, and the influencing the patients' imagination by leading them to suppose that they are taking some extraordinary remedies. In the cases which are noised about and published as recoveries by the homœopathic method, the advantages derived may be ascribed to the above causes, assisted by a more strict attention to modes of living and regimen; and in many instances is only temporary, as in the case of a noble individual laboring under tic, who has been repeatedly said in the papers to be cured or greatly relieved by different methods of treatment, and who, it appears, subsequently had recourse to the water cure. It is in the nature of several complaints, especially those of a nervous character, to be better or worse at different times or seasons, and to offer complete intermissions during a longer or shorter period, especially when patients can be induced to adopt a regulated diet, and manner of living; and in these cases the amelioration is generally ascribed to the remedy which happens to be employed at the time. Homœopathy in fact, is now comparatively little heard of in most parts of northern Germany and in France, to what it was some years ago, and only required to be inquired into by the more enlightened portion of the public, for the absurdity of its propositions to be apparent. During its whole progress it was never sanctioned by any individual of scientific eminence, or even who was held in estimation by the profession; but has been principally taken up as a means of acquiring wealth, or a livelihood, by persons who had never been previously heard of, or who had failed to acquire practice in the usual way, by whom every means have been taken to puff it into notice, and keep public attention directed to it, such as the establishment of dispensaries, the publication of books, and of histories of alleged cures, addressed ostensibly to the profession, but which in fact are but a means of advertising.

"All the results," says a German author, "which have been obtained by the employment of medicines in homœopathic doses, were founded, without exception, upon delusion, and were not in consequence of these means. If any one wishes to convince himself of the truth of this, he need only so administer these doses, that the persons are not aware that they have taken anything, and every physician would then see as little effect from them as I have seen after innumerable experiments. These infinitesimal powders, drops, and globules, are in fact nothing more than the modernized moonstone of the ancient Phœnicians and Carthaginians. At that time, as at the present day, faith in them must produce a blind confidence, and if this be effected, it would not matter whether they were swallowed, or hung about the neck, or carried in the pocket as an amulet; the effect would be the same. The worthy Stieglitz very justly observes, that it does honor to the condition of German medicine, that notwithstanding all the noise and puffing, but very few medical men adopted this system; and that many of the younger physicians rather chose to support privations, than give themselves up to its absurdities; and even some of the homœopathic physicians themselves can scarcely conceal a feeling of shame, when they find themselves in the presence of others who understand the matter."

"When homœopathic physicians and patients assert that they have seen on themselves and others the most evident effects from these means, we must draw our inferences from the consideration of the particular proceeding which is accustomed to be followed. Every change which occurs in the organism after having taken a homœopathic dose, would be considered as the necessary consequence of it. Hence, minute attention is already more or less directed to the functions of the body, but this would give rise to a variety of symptoms even in very healthy persons, who would otherwise have experienced nothing. Any one who has a tolerably lively imagination, may make the experiment on himself. If I were to tell an excitable patient, he must attentively observe the pulsation of his heart and arteries, I may reckon to a certainty, that at my next visit I shall have to hear an account of the surprising symptoms which have been observed, respecting the hearts action."

Alluding to the different medical theories which at various times have had their day, and after a longer or shorter period have sunk into oblivion, the same author observes: "Each system found its believers and adherents, the number of whom at first greatly increased, and then gradually diminished. The falling off usually took place when the charm of novelty had subsided. In proportion as the system ceased to be new, was the belief lessened in its infallibility, which was generally at first loudly cried up by the proposers, and the number of fortunate cures decreased in the same proportion, until the whole fabric of the system was carried away in the stream of time, and frequently left behind scarcely a trace of it in the history of medicine."

I will also subjoin a few apposite remarks made by a correspondent in the Medical Gazette, upon the subject.

"The importance of any pretended remedy for disease, exerts its influence on that great majority of the public who are necessarily incapable of judging of medical evidence, because they are ignorant of the extraordinary workings of the human mind, which exhibit themselves to medical men only, not in unhealthy individuals alone, but often in those who are apparently free from disease. Experienced medical men are alone capable of ascertaining the existence or non-existence of disease among the variety and complexity of symptoms which distinguish particular affections; and they alone can say with certainty, whether disease has actually existed, or, if so, whether it is or is not actually cured by the remedy alleged to have removed it. For there is a strong inclination in mankind generally, to assist in propogating an imposition to which they have themselves yielded, both because it makes them objects of interest to the public, and because it appears to justify them in having given it their confidence.

"Again, there are many cases where the complaint has existed only in the *imagination* of the patient, and in these it will be no matter of wonder if the homœopathic globule in aid of said imagination should effect a cure. In chronic stomach disorders, also, many patients have recovered under a homœopathic doctor, and thus been the means of exalting his fame, whereas, it would be easy to show, that such patients needed only cautious diet, time, the abandonment of taking too much aperient medicine, and the observance of regular rules, to effect a cure—all of which even an *old*-fashioned doctor would, of course, have directed.

"A gentleman who had been out of health some time, and had paid but little attention to the direction of his medical attendant, was advised to consult a homœopathic physician; he did so, and remained under his care for six weeks, the doctor making his visits as often as he pleased; he improved in health—in short, was cured. 'Now,' exclaimed his friend, 'you henceforth stand up in defense of homœopathy.' 'Not at all; I am more than ever convinced of its fallacy and humbug. I have followed the plan of diet, &c., which plan was often urged upon me by my former medical friend, but not one of the billionth powders or globules have I taken."

"A gentleman had been for some time subject to acute inflammation of the membrana conjunctiva, and had been attended by a surgeon of great eminence in the metropolis, who on every occasion had succeeded in subduing it. On a recurrence of the complaint, by the *judicious advice* of friends, he was placed under the care of a homœopathic practitioner, when, after being for *six weeks shut up in a dark room, great attention being paid to his diet and manner of living*, he was cured again by the *wonderful effects of the homœopathic remedies!!!* This, of course, stamped the faith of the family, and all became disciples of Hahnemann. Some time after, one of the members was found in a fit, and the doctor was sent for. What plan did he adopt? He belonging to a school which professes to repudiate blood-letting as pernicious, and almost certainly fatal, himself immediately bled her, and that not in a homœopathic quantity, but largely. She continued under his care for a few days, but not recovering, she was, by the doctor's own desire, sent into the country in this state, and handed over to her original medical attendant, who discovered, and was confirmed in his opinion by an eminent physician, that she had been suffering from epilepsy, arising from the overloaded state of her stomach and bowels. The results, of course, effected the *moral* cure of the whole family.

"I give you now a case of the mischief that may arise from adopting this *harmless* system. A lady of rank had occasional headaches, for which she was advised to consult a homœopathic physician. She had for many years taken daily aperient medicine, but nevertheless enjoyed a good state of health. Her old medical attendants were summoned to her assistance after about the expiration of twelve months of homœopathic treatment. They found her laboring under congestion of the liver to an enormous extent, constipated bowels, and active peritoneal inflammation, all of which had existed for some days, and had not 'yielded to the means employed' by the homœopathist; he by whose treatment these formidable symptoms had been induced, willingly sneaked out of the responsibility; true, her life was saved, but she has never enjoyed her former good health.

"I have often been amused at the contradictory tales which I have heard on the subject of homœopathic cures. For instance, I have been told that a noble duke has been, by these remedies, cured of his gout; and then I am compelled to hear, that the noble duke is laid up with gout at his country seat. A distinguished baronet, also, is cured of the gout, but I hear again that the senate-house has lost the valuable services of the worthy member, because—he is confined with the gout. A noble earl is cured of his most painful malady, tic douloreux, by homœopathic treatment; but by his friends, I am assured that his sufferings are still very great.

"Another sufferer from this most dreadful disease, the Marquis A——, first stamped the fame of this system as a certain remedy for tic douloreux, but it is well known that the noble marquis, is still desirous of trying every remedy which can be suggested for the alleviation of his sufferings, and it is a remarkable fact that he has heaped honors and distinctions upon many persons who have cured him of his malady. It is often dinned in my ears, that a certain noble earl swears by homœopathy, yet that noble earl flies to Malvern with all avidity, to follow the most dangerous system of hydropathy for his relief. These are curious contradictions, but not more curious than true, and it is not wonderful that the fact of any person abandoning a system by which he has *sworn*, to adopt another diametrically opposed to it, should not open the eyes of his friends, as to the extent of his faith in it? The fact is, the public have not yet learned the necessity of inquiring what opportunities those persons have had, who profess to practice medicine or surgery, of perfecting themselves, not merely in the knowledge of remedies, but what is of infinitely greater importance, in distinguishing the character of diseases. How many are there in the ranks of the profession, men of honor and talent, who have not thought it beneath them to spend often half their lives in the drudgery of public practice in hospitals and similar institutions, that they might obtain a competent knowledge of diseases, as distinguished from each other, and of applying remedies to each individual case! for, after all, each case is a particular disease, and cannot be treated in a wholesale manner, as these systems would induce us to suppose.

"How often do we hear these men, after they have obtained all the information in their power, and attained to stations of eminence, expressing their regret, that they have been prevented from devoting a still larger portion of their time in learning an art which is infinite in its extent and complexity? I mean the art of detecting and distinguishing diseases under innumerable phases. This, in fact, is the foundation of the art of medicine, for when a disease is at once surely ascertained and detected, it is comparatively easy to find its proper remedy, and to cure it, if it is in its nature curable. The public, I repeat, make no such inquiries, but hearing that a case has been cured by an unusual remedy—brandy and salt, or mustard seed, for instance—they immediately infer that these remedies, if applied by a certain individual, will cure every disease, and therefore this individual, whether young or old, male or female, learned or unlearned, is the person to be consulted, and is preferred to those who have devoted the best portion of their lives to the study of their profession."

It is unnecessary for me to make much allusion to the works published by homœopathists, as the degree of estimation to which they are entitled, and the value of the cases which they contain, will have been pretty effectually shown in the preceding account, as far as the public is concerned.

Is there, then, nothing good in homœopathy? Unquestionably — though the good resulting from homœopathy is more of a negative than a positive character, and one advantage of its introduction into England is, that it has tended to limit the too active medication in chronic disease, which has so long prevailed to the prejudice of a large portion of the community; and the suspension of this active medication, during the homœopathic treatment, has not unfrequently been a cause of the benefit which has followed: consequently, homœopathy is not unlikely to be longer in fashion in England than it has been in the continental countries, where a different system of medical practice obtains. It has likewise led to more minute inquiry into the action of several remedies, and has thus tended to make the circumstance more frequently known, that much smaller doses of active substances (especially sedatives and other remedies having a specific action) than had been previously supposed, are not unfrequently highly influential in the alleviation of certain disordered conditions of the system, when large doses have failed to benefit. It does not, however, follow from this, that the infinitesimal doses of the homœopathists have a positive action; for it would be absurd to argue, that because an effect is produced in some exceptionable cases by two, three, or four drops of a tincture, of which the ordinary dose is from fifteen to thirty, that a positive result should also ensue from the administration of the billionth part of a single drop. It is true, however, that in a few rare cases where there exists a high degree of sensibility, or a particular idiosyncrasy, that effects will result from inconceivably small quantities of active substances; every practitioner must have experienced the unpleasant consequences which have followed the inadvertent addition to a medicine of a minute quantity of ipecacuanha or opium, when this peculiarity has existed. In like manner some persons are disagreeably affected by flowers or perfumes, or experience unpleasant sensations when a cat, a butterfly, or other animal, against which they have an antipathy, is in the same room, even though they may not have seen it. These, however, are exceptions, from which no general conclusions can be drawn, and these exceptions have been adduced in proof of the general action of homœopathic doses, to which, as I have shown, not only reason, but experience from trials conducted on a large scale, is opposed. The only physician whose opinion is entitled to consideration, from his not being interested in supporting the practice of homœopathy, who appears to have been convinced from some trials that he made of the special action of homœopathic doses, is Dr. Millingen, who, in his "Curiosities of Medical Experience," has adduced half a dozen cases, which he conceives go to prove the fact. These cases, however, with one exception, merely corroborate, in my opinion, what has been advanced, viz., that because some slight ailments and symptoms subside after an homœopathic dose, which the patients for the most part know to be something unusual, it is not to be inferred that it is in consequence of a particular virtue in the drop or globule which has been administered to them, as we have seen that analogous effects often occur after a pill or liquid, composed of an inert substance, but which the patient imagines to possess some extraordinary power. The fourth case is that of a young woman, to whom a homœopathic dose of a preparation of nux vomica was given, in whom the peculiar symptoms that usually follow a large dose of strychnine were produced, though she had been led to believe the remedy prescribed was merely a dose of calomel. Now, when we consider that an ordinary dose of strychnine is only one sixteenth or one-twelfth of a grain, it would not occasion much surprise, even admitting that an homœopathic infinitesimal dose was actually given, (the quantity is not stated,) that the peculiar symptoms of this energetic medicament should be produced in an isolated case. The only fair test is to make experiments with this or any other homœopathic dose on a number of individuals; this has been done by impartial persons, and also by homœopathists themselves, subject to the supervision of others; and, as has been seen from some of the instances adduced in the preceding pages, the result has been always a failure. Homœopathy has further tended to make more generally known what may be effected in many disordered conditions of the economy, by a due attention to regimen, by the imagination, and the unaided powers of the constitution, and in this way likewise has rendered some service.

A good deal has been said by the homœopathists in England about the homœopathic hospitals abroad. The only ones of which I know, are the one at Leipsic, of which I have spoken, and the one at Vienna, of the practice of which the following report is given by Dr. Balfour (in the British and Foreign Medical Review for October, 1846). The homœopathic hospital is a private one, in the convent of the sisters of charity in one of the suburbs, and contains fifty beds; and since 1845, has been under the care of Dr. Fleischmann. Hahnemann's empirical rules as to rubbings and shakings are disregarded—the diet is light and simple—no coffee, tea, or wine is allowed.

"In taking into consideration the adjuvants to the treatment, the religious character of the establishment must not be forgotten. The patients find themselves surrounded by all the consolations of religion, by everything which, in their opinion, tends to insure, in the event of death, a speedy passage of the soul to the realms of bliss—their minds thus set at rest with respect to futurity, they are less gloomy and desponding, and consequently react more favorably upon the body than under the opposite circumstances. The severer the disease, the more closely do they grasp their rosaries and crucifixes. The superiority of the attendance is also one great advantage in favor of the hospital, independently of the important fact just stated, that the nurses are spiritual as well as temporal comforters. The comparative youth of the patients in this hospital must also be taken into consideration; out of three hundred and twenty patients, two hundred and forty-five were under thirty years of age, and only four above sixty. The circumstances of comparative youth under all kinds of treatment has an immense influence upon the ultimate result."

"Again—the patients are admitted and discharged by the physicians without any control; so that to say the least, it requires a man to be very conscientious to decide impartially between temporary improvement and perfect cure, especially when he recollects that the fate of his creed, and of his institution, depends upon the nature of his returns to government, which are made monthly. Cases discharged, apparently cured, may apply for readmission, and be under some pretext or other refused, while, to disarm suspicion, a few, whose relapses are more manageable, may be readmitted. I have seen at least one patient refused admittance, and that, too, the very day after his discharge, without any good obvious reason; it was that of a boy with effusion into the right pleura, following scarlatina. There was also a general anasarcous state of the body, which speedily disappeared, but the chief complaints remained obstinate, and after thirty-three days' treatment with bryonia, (second dilution,) he was dismissed, slightly improved. This is not the only case of effusion into the chest which has been dismissed unimproved during the period of my observation, yet this scarcely agrees with Dr. Fleischmann's returns, as out of twelve with exudation in the pleura during ten years, he says he has cured all but three, who died; and a physician of the general hospital assured me that many such cases, after having been dismissed by Dr. F., and subsequently refused admission, have applied to him for relief, which they have obtained by the use of purgatives and baths. Then, again, I may say, there are hundreds of trifling cases admitted here which would not have been admitted into any hospital in England, and even of these comparatively trifling cases many remain for weeks, nay, months in the hospital, while more acute or more interesting cases are hurried out too often with the cure incomplete. When the patient recovers, the case is published as one of the victories of homœopathy, while the many similar cases, where even homœopathic treatment has proved unavailing, are silently passed over, or are recorded as instances of the imperfection of the human intellect."

"The whole process of the admissions and discharge of patients is mysterious; still so much is certain, that most of those admitted have been previously visited at their homes by the assistant. I feel convinced that the great secret of Dr. F's great seeming success lies in the fact of the admissions and dismissals being uncontrolled, and there being no check on the diagnosis; rarely other than well-marked cases have the diagnosis written on the board at the bed-head, the others being left blank, and entered in his book, of course, as he pleases.

"Homœopathic remedies are not exclusively trusted to, for Dr. F. uses cold applications to the head in delirium, and sometimes in headache, cold washings of the body in fevers, and in arthritis cloths dipped in cold water, surrounded by oil-silk, applied to the affected parts. He also has for constipation clysters of warm water, or water mixed with a little salt; and in diarrhea, rice clysters. He told me that neither he nor any other homœopathist ever gave emtics or purgatives, and yet I heard his assistant once order a woman a spoonful of oil."

Dr. F. does *not adopt the similia similibus*, one drug serving for a great many diseases.

"Two or three fatal cases are given in the report, and fifteen per cent.; three out of nineteen having died," whereas Skoda's cases of pneumonia in the general hospital during the same time amounted to forty-five, the deaths three, being an average of 6.6 per cent., no blood-letting employed.

"I think you see," concludes Dr. Balfour, "by what I have stated, that the strength of the homœopathists lies not in the greater rationality or superiority of their practice, but is founded on the weakness of allopathy; that they do not help their patients, but, if they are strict homœopathists, are forever shut out from helping them; that in their treatment of acute disease, their success depends entirely on the hitherto unrecognized powers of nature. All the magic influence of their infinitessimal doses of phosphorus, etc., being emulated, if not excelled, by the heroic virtues of the extractum graminis." (*Extract of grass*—an inert substance.)

TASTING A MUMMY—HOW TO EMBALM BODIES.

We clip the following article, written by Prof. Powell, from the Cincinnati Daily Enquirer of August 11th, 1857.

"The following communination contains some rather startling, if not new discoveries, which will cause some of our readers to open wide their eyes at the boldness of the experimenter, if not at the novelty of his conclusions."—*Enq.*

Mr. Editor:—I have just been reading a literary work which states that the Egyptian art of embalming the dead is entirely lost. This may be true, but with reference to it, I have an interesting fact—one too which, through the instrumentality of your excellent sheet, may meet with some one to whom it will be useful, and hence I send it to you.

In 1829 or 1830, while in Carlisle, Penn. a Frenchman came to that place, exhibiting an Egyptian mummy. I went to see it, and after becoming convincod that it was a veritable Egyptian mummy (female), I discovered that the skin upon the left breast was cracked in the shape of the letter V. The skin was thoroughly dry, and of the color of weathered copper. While I was examining the subject, the proprietor went to the door, and while he was there looking about the street, I introduced the pen blade of a pocket knife under the angle of broken skin, and thence through the wall of the chest between two of the ribs, and gave it a twirl, and thus obtained a bit of the intercostal muscle of the size of a small bean. Just as I had completed my conquest, the proprietor observed me. At the same moment I placed the bit of mummy into my mouth. This caused the Frenchman to jump, as though frightened, and exclaiming, "*O, mon Dieu!*"

I masticated thoroughly and patiently the bit of muscle, for the purpose of obtaining an accurate idea of its taste. Those of your readers who have tasted of dry and thoroughly-smoked venison will now understand me. This was the taste of the mummy, except that it had more salt than venison usually has.

Now, sir, I do not doubt that I discovered the two fundamental elements of the Egyptian preparation for preserving human bodies—salt and creosote. The former is plenty in every country, and in Egypt there are springs of petroleum which are highly impregnated with creosote.

That the Egyptian embalmers used with the salt and creosote, many vegetable aromatics, is very probable, but they had but little if any agency in the preservation of the embalmed bodies. The antiseptic power of both salt and creosote is enough to explain the preservation of Egyptian mummies. I feel entirely certain that all of value that has been lost, as regards the Egyptian art of embalming, I have found. I have used with entire success the same elements—salt and soot—in the preservation of bird skins. I am disposed to believe that soot was used by the Egyptian embalmers; the color of the skin, which is that of smoked bacon-ham or Indian, would seem to indicate it. It is frequently a matter of great moment to have an efficient antiseptic, and my experience induces me to think that salt and soot are about as efficient as the mineral poisons, viz., arsenic and corrosive sublimate. And further, in the use of the former it is quite impossible for a fatal accident to happen. Salt and soot will save fresh meat from putrefaction in all seasons of the year.

With your permission, Messrs. Editors, I will drop a few words upon another and very different subject. I allude to the recent tragedy you have had in your city. But for my hemiplegic affliction, I would, before this time have examined the head of the gentleman who perpetrated two homicides, and then attempted suicide. I regard it as much more than probable, that at the time he thus acted, he was afflicted with a monomania of jealousy. I have, I think, about five crania of wife-murderers; they were all monomaniacs, and their wives, respectively, were regarded by all their acquaintances as pure and faultless. To this subject I have had my attention directed in an especial manner for twenty-five years, and have thus, by observation, been forced to the conviction, that ninety-eight per cent. of jealous husbands are monomaniacs, and that every case of wife-murder is referable to this variety of monomania. When a man is organically liable to this form of monomania, his wife must, to escape his jealousy, so deport herself as to make it certain that she cannot have the respect or good opinion of any respectable member of society. This peculiar organization is multiplying in our land with fearful rapidity, as wife-murders and suicides testify, for they are the fruits of it.

Respectfully yours,
W. Byrd Powell.

ERYSIPELAS.

BY PROF. I. M. COMINGS.

Description and Causes:—This term, Erysipelas, is derived from two Greek words (to draw and adjoining,) because there seems to be a tendency to draw the surrounding parts into the same state. Some authors have defined it to be a cutaneous inflammation, attended with redness, which disappears and leaves a white spot for a short time after being touched with the end of the finger. Some writers contend that the seat of erysipelas in most cases, is in the very surface of the cutis, its most vascular and nervous part; we have little doubt, however, but the disease extends more deeply, and not only effects the subjacent cellular membranes, but soon is carried to every part of the system.

We know little abont the *immediate* cause of erysipelas, and even the *predisposing* causes are often very obscure. The long continued excitement and disturbance of the stomach, alimentary canal and liver, consequent on intemperance and excess, has often induced this disease. We find the bilious and digestive systems more or less disordered; hence Desault denominated one species *bilious* and another *phlegmonous*.

Blisters and all external irritants, heat, cold, issues, setons, caustics, wounds, fractures, bruises, and all surgical operations, may produce erysipelas when there is a certain state of the system or certain condition of the blood. According to Mr. Lawrence, simple erysipelas and a large portion of exanthematous affections, are sympathetic, particularly from disorder of the primæ viæ or liver, hence the bilious or gastric; while the phlegmonous is most commonly produced by wounds, injuries especially of the joints, inflamed ulcers of the legs, &c., and where a full diet is indulged in.

This disease seems to be dependent on the state of the constitution, for we find it more prevalent in autumn, or in any season when hot weather is succeeded by cold and wet; it attacks both sexes, but women are thought to be more subject to it than men.

Diagnosis.—The part affected with this disease is of a bright red color, clear and shining, it is not accompanied by throbbing, a burning heat and tingling sensation are felt, rather than acute pain. We rather prefer the division of the French to that of some late modern writers. *Phlegmonous*, *bilious* and local will include all the necessary symptoms; other terms like œdematous and gangrenous, &c., are unnecessary since every variety may be included under these heads. In the phlegmonous variety the skin is more raised than in the simple form, the swelling is harder and deeper and of a darker color; the redness has often a brownish or dark livid tint, and the discoloration is sometimes of a marbled appearance and quite irregular; vesications often minute and miliary form on the surface with purulent contents, and then often a sloughing of the cellular membrane soon comes on and the febrile symptoms are aggravated. The fluid gradually becomes yellow and purulent, and we often find it presenting all the characters of good pus, and very thick.

In many instances just before the appearance of the redness, and sometimes during the several previous days, the patient experiences considerable indisposition, loses his appetite, he has shiverings and violent pain in his head, accompanied sometimes with vomiting and always with weakness and dejection. Frequently bilious complaints occur, attended with a bitter taste in the mouth and fœted eructations from the stomach, The tongue is moist and covered with a yellow mucus; these symptoms are followed by a dry and parched skin, constipation, an accelerated pulse, thirst and other febrile symptoms. If the head is the seat of the difficulty we may have coma, delirium, &c. The above are the most common signs of simple erysipelas; the phlegmonous form of this disease has the following symptoms:

The patient complains of more or less trouble about the region of the heart. The heat is often accompanied with a little delirium, and almost always with drowsiness of a more or less evident kind. The swelling generally makes its appearance on the second night or the third day of the fever, attacking the forehead and the cheeks, the nose or eyelids. The swelling is elastic and smooth, but is not distinctly circumscribed, and it gradually spreads over such parts of the face as were not at first affected. The skin becomes of a bright red color with tendency to a livid hue; there is a burning heat and a disagreeable pricking in the part rather than any acute pain. The surface of the tumor is shining and without hardness or tension or throbbing; the eyelids are often so swollen as to produce blindness, and the whole countenance is exceedingly disfigured.

Treatment.—The milder forms of this disease may be cured by very simple means, such as diaphoretic teas and mild purgatives, light diet and an occasional lobelia emetic. For local application sweet oil and lime-water will afford relief. We shall not advise the usual treatment so often recommended in the old school books of cutting and laying open the erysipelatous tumor, while such treatment may afford temporary relief, yet it should seldom be practiced.

We have often found cold applications to be beneficial besides affording great relief from the pain.

We must keep up a good determination to the skin. The bowels should be regulated by enemas rather than with purgatives. If we are called the case after the blisters have degenerated into ulcers, they should be poulticed with slippery elm and bathed with the decoction of pond lily, bayberry or witch hazel, or the following formula:

℞ Ulmus Fulv,
Lobelia Fol.

Crackers—equal quantities made with hot water and when cool applied.

To keep up a general determination to the surface, the following powders should be given:

℞ Asclepias Tub.
Scutilaria Lat.

Composition—each ounce steeped in one quart of hot water. Dose a wineglassfull every hour.

The tincture of muriate of iron has gained considerable reputation, and is not objectionable in our practice. Dose—from 15 to 30 drops every two hours, and it may be applied externally to the sore.

One of the best tonics to be used during the treatment of this disease is the goldenseal.

℞ Hydras Can.
Popul Tem.

Put in one quart port wine and when well digested take half wineglass full three times a day.

As there is sometimes a tendency in this disease to assume a remittent character, we must add quinine to the above bitters; 20 grains to the quart will be sufficient.

Let the whole surface of the body be freely bathed with ley-water, and a good action on the skin constantly kept up, and it will also be desirable to give some mild diuretic, as the kidneys will eliminate much morbid matter; hence we may give one tablespoonfull of fluid extract of tarax, and senna, as prepared by Tilden & Co., as this acts very well both on the bowels and kidneys. Or a pill made by mixing powd. pod. peltaum, with ex. tarax. Dose from two to four at night.

When the surface is raw and the skin abraded, you will find powd. slip. elm, or burnt flour to be among the best external remedies. If a crust forms on the surface, let the mucilage of the elm be often applied and the cloths changed frequently.—*Southern Med Reformer.*

PURE AIR AND SLEEP.

Dr. Arnott, in his physic, states that a canary bird suspended near the top of a curtained bedstead where persons are sleeping, will generally be found dead in the morning, from the effects of carbonic acid gas generated in respiration. He sets this forth as a fact, to show the necessity of breathing pure air in sleeping apartments, and a sweeping argument against the oldfashioned high-curtained bedsteads. A healthy man respires about twenty times in a minute, and inhales in that period about seven hundred cubic inches of air; this he exhales again in the form of carbonic acid gas and water, which vitiates the atmosphere. Three and one half per cent. of carbonic acid gas in the air renders it unfit for the support of life; this shows how necessary it is to provide a supply of pure air for the support of respiration.

There are also certain facts which go to prove that more danger exists—that there is a greater proneness to disease—during sleep than in the waking state In Turkey and Hindostan, if a person falls asleep in the neighborhood of a poppy-field, over which the wind is blowing toward him, he is liable to sleep the sleep which knows no waking. The peasants of Italy who fall asleep in the neighborhood of the Pontine marshes are invariably smitten with fever. Even travelers who pass the night in the Campagna du Roma inevitably become more or less affected with the noxious air, while those who pass through without stopping escape the marsh-fever. Those who have traveled in tropical climes, and who have been attacked with bilious fevers, uniformly ascribe the cause of their sufferings to night exposure in the open air.

An English traveler in Abyssinia has asserted that he could live in health in that sickly climate, by a proper selection of the situation where he slept every night. There is abundant evidence, it would appear, which goes to prove that by proper attention to the place where, and the circumstances under which persons sleep, many diseases may be avoided.—*Scientific American.*

M. Reybard, of Lyons, has published, in the *Gazette Medicale de Lyon*, a case of uterine polypus, cured by the application of chloride of zinc paste.

REMARKS ON THE SWEET THEORY AND PRACTICE IN REDUCING LUXATIONS.

BY WM. A. FOSTER, M. D.

Many of the facts which I now bring forward have been in my possession for some time; and I have felt no small repugnance at suffering them to remain so useless to myself and others. To withhold from society facts regarding health, is a sort of felony against the common rights of human nature. I hope, moreover, to be able to put the correctness of my assertion beyond the reach of doubt or suspicion.

But as the prejudices of mankind are deeply rooted, and the views that different individuals take of the same subject, are infinitely various from the education, habits of thinking, or capacities of each, I expect my views on this subject will be received with doubt and hesitation. But he who fails to contend against error is dishonest, and betrays a want of confidence in himself and in the truths of his own cause, which course of procedure evinces a childish timidity, and imbecility foreign to the acts of all true reformers.

I know of but two theories in reducing luxations that are worthy of the attention of medical men. The one is that of extension and counter-extension, as practiced by the medical profession generally; whilst the other, is the theory practiced by a certain "sect" or family of Sweets, and known as the "rotary plan," or "Sweet Plan of Reduction."

Within the past century great improvement has been made in this part of Surgery, and this favorable result is, to a great extent, due to the science and skill of Dr. Benoni Sweet. Although his science and art have never been widely diffused among mankind, yet their value and merit have been retained and appreciated, wherever they have been properly understood. The principles and rules of action, established by Sweet, are, that bones are not "*pulled out of joint*," and should not, therefore, be "*pulled into joint;*" but that they are "*rolled out of joint*," and consequently the reverse law should be used in replacing them. The old theory of extension and counter-extension is somewhat arbitrary; and from its injurious results, we may justly consider that it is entirely unphilosophical. We frequently see its inefficiency to meet the demands of all cases, and also often witness those who practice and teach the extension theory, inventing new apparatuses and machines, by which to overpower the contractibility of the muscles. Schemes of this nature, I think, are fraught with indescribable mischief, which the considerate sense of the people have discountenanced in all those places where the Sweet theory has been understood and practiced. I think it is high time the old theory of extension and counter-extension was thrown aside, and totally discarded by the medical profession.

It is allowed that the structural positions of luxated bones, will most clearly reveal themselves by their symptoms, to him who most distinctly perceives, and accurately bears in mind "the *anatomy* of the part." But to the "best informed," and "most sagacious," they are too frequently obscure and perplexing.

True, the anatomy of the joints should be well understood by every physician, as it will assist him in forming a correct diagnosis of luxations, and also be an important adjuvant to his success in operating; but it is not true that only those who are "well acquainted with the anatomy of the part," can become successful "bone setters." It will be remembered that the originator of the "Sweet Plan of Reduction," in the New England States, was a man ignorant both of the anatomy and the principles of Operative Surgery; and yet no person in his age ever met with so much success, as a bone-setter, as did Dr. Benoni Sweet.

In fact the skill of Dr. Sweet has been so restricted that it is considered by many to be of a nature so peculiar to itself and its author that no one out of the Sweet pedigree is capable of understanding and practicing it.

But that its principle and mode of operation cannot be apprehended is erroneous. The Sweet science of reducing luxations operates by simple means and reverse laws. Its principles require no mechanical force to facilitate the reduction: nor do they countenance venesection and antimonials as valuable prerequisites. But they count them as seriously injurious to the health and well being of the patient. The Sweet mode of reasoning is that all luxations are caused instantaneously, and that these luxations are affected by a rotary motion. They, therefore, reason that, in order to reduce the luxation it must be instantaneously, when the muscles are normally relaxed, and the patient unaware of the intent of the operator. By so doing they have no muscular action, or resisting force to overpower, nor do they stand in that fearful position which the practitioner of extension occupies, in regard to the irremediable disease that he fears may arise in the joint from exercise after the reduction. After the instantaneous reduction the muscles are not left in a weakened state, but they have their normal strength and vigor, leaving not the least reason for fear of a second dislocation caused by proper exercise; nor is there any time to be lost for lacerated ligaments to unite, or sprained parts to gain strength.

The difference then between the two modes of reducing luxations is, that the Sweet method requires no depleting, or debilitating agents to facilitate the reduction, nor any overpowering, or mechanical forces to accomplish the desired object. Nor is the length of time that is required to reduce a dislocated bone by extension, at all necessary. For, according to the theory of Sweet, with one exception, they should be reduced in five seconds, if ever at all.

The necessary confinement which attends the reduction of a dislocation by extension, is not a sequence to the proper mode of reduction. The shortness of time it requires for a dislocation reduced upon the principles of the Sweet method to acquire its normal motion, is owing to the reductions being so instantaneous that the muscles remain in nearly a healthy and normal condition, and all that is necessary to aid nature in the repair is proper exercise.

Time will not permit me here to expose the Sweet theory and mode of operating in all the various varieties of luxations—their method of forming a correct diagnosis—the remedies used by them for discussing abnormal growths of bones—for subduing inflammation, and the like—but I will now briefly allude to some of the more important forms of luxations, and then leave the subject till a more convenient time for further consideration.

DISLOCATION OF THE SHOULDER-JOINTS.—This may occur either downward or forward, or it may be partially dislocated in other ways. If it is thrown downward, the

Treatment, according to the Sweet plan, consists in elevating the knee as much as possible, and then placing the knee of the operator, or a suitable roller in the axilla—which must be firmly retained in its position, and the knee or roller as a fulcrum, the arm is to be carried downward and backward, till the head of the humerus is raised to the edge of the glenoid cavity; then by suddenly bringing the arm downward and toward the side of the patient, the head of the bone will easily glide into its proper position.

If the dislocation is *forward*, the head of the humerus is thrown on the inner side of the coracoid process, and may be felt under the clavicle.

Treatment.—After the patient has been seated in a convenient position, the operator should stand well back and to the side of the patient, and grasp the patient's wrist with his left hand (if it is the left shoulder that is dislocated, and vice versa) and turn the palm of the hand well up; at the same time a firm grasp should be made with the fingers of the opposite hand, against the head of the humerus, and the thumb against the acromion process; then by keeping the palm of the hand upward, carrying the arm upward and backward, till the elbow is nearly on a level with the shoulder, and then by suddenly carrying the fore-arm upward, and directly behind the head of the patient, the reduction will be easily accomplished.

DISLOCATION OF THE HIP-JOINT.—There are four principle varieties of this dislocation:—

1st. The dislocation upward, in which the head of the femur is thrown on the dorsum ilii;—

2d. The dislocation backward on the sciatic notch;—

3d. Downward into the forearm ovale;

4th. Forward on the os pubis.

Treatment.—The same plan that is used to reduce the first variety is to be employed to reduce the second; and the same mode that will reduce the third variety, is also to be resorted to in the fourth.

The Reduction is effected as follows:—

If the dislocation is either of the first varieties, let the patient be placed in a longitudinal position, and to the side of the bed. The operator should now have an assistant place his hand firmly against the head of the femur, standing well back, or to one side, so as not to obstruct the movements of the operator, who should now seize the patient's ankle with one hand, and with the other grasp the limb just above the knee, and flex the limb as much as possible; carrying the thigh upward, and across the ilium of the opposite side. The operator should now tell the assistant to press firmly against the head of the bone, while he suddenly rotates the the limb outward and slightly upward, i. e., rotate the limb in precisely the opposite direction from what it was first rotated. By these simple means the bones will easily be replaced.

The two last varieties may be reduced on precisely the same plan, with the exception of the manner of flexing the limb. The limb in these varieties should be fixed *upward* and *outward*, and while the assistant is pressing against the bone as before, the limb is to be rotated *inward*, and brought down along side its fellow.

DISLOCATION OF THE ANKLE.—This may occur in various directions—*outward*, *inward*, *forward* and *backward*. The outward and inward varieties are the most common.

Treatment.—The operator should seize the tarsal portion of the foot of the patient by one hand, and grasp the sole of the foot with the other, having the thumb of the latter hand pressing firmly against the astragalus just beneath the fibula; he will now suddenly rotate, or throw the ankle inward. The treatment for the inward variety is the same, with the exception that the motions and the position of the hands are to be reversed.

DISLOCATION OF THE ELBOW.—This may occur in various directions, but there are but two varieties that are very common. The one is where the radius and ulna are thrown *backward;* and the other is where the radius is thrown *forward* on the trouchlea of the humerus.

The reduction of the first variety may be effected by having an assistant hold the patient's wrist and forearm steadily, and in a slightly flexed position, whilst the operator places the palm of both hands firmly against the projecting ulna and radius, and grasps his fingers tightly against the condyles of the humerus; he then will suddenly jerk the condyles into their proper position.

The reduction of the radius is very simple. Let the operator seize the patient's wrist by one hand, and with the other grasp the elbow—having his fingers placed against the olecranon process, and his thumb pressed firmly against the inner side of the head of the radius—he will then gradually suspend the hand and forearm, at the same time flex the fore-arm till the balls of the fingers can be made to touch the shoulder. It will be borne in mind, that during supination, the grasp at the elbow must be very firm, and the rotary movements must all be made inside of five seconds.

Time will not permit, as I have before stated, to write extensively, or very minutely on this snbject at the present time. But it will be seen, the main principle to be remembered, is, that we should always endeavor by a rotary movement, to bring the ends of dislocated bones to meet, and then by suddenly reversing that movement the bone will then roll into its proper position.

I believe a theory such as this—practical and easy of comprehension—a boon to suffering humanity—a beacon and a guide to the physician—and easily to be understood by all classes, should be freely exposed, and sought after by every physician who knows his own nature, and wishes to fulfill a faithful and intelligent discharge of all his varied professional duties—to himself, to his neighbor, and to the age in which he lives.—*Middle States Medical Reformer.*

MERCURIALS ON THE WANE.

There is scarcely a month passes by but what we see marked and certain evidence of doubt, of fear, of positive dissatisfaction among the thoroughly educated and closely observing of the *practical* men of the old school medical profession, respecting the safety, the admissibility and the real benefits derived from the use of *mercurials* in the treatment of disease.

Through the agitation of Reformers, and the striking facts of arguments they have brought to bear, corroborating and substantiating them by a kind of evidence which scientific men dare not gainsay, they have been led to analyze their chemical powers and therapeutical properties more carefully, and to view the whole ground from a more rational stand-point; and the result is that of casting over the various preparations of mercury a merited distrust and a deserved unpopularity.

Not only is this rapidly becoming the case in this country, but the attention of European physicians are being directed to the same direction, and happily with a like result.

As evidence of this we would call the attention of our readers to the article on "Mercurial Treatment," in our Selected department, by Dr. Rademacher, a celebrated German physician. There is certainly a reformatory tendency in the profession in Germany, and ere long the mercurials will be banished from materia medica as quite too hazardous and uncertain for general use. Indeed when thoroughly tested and carfully watched, the conclusion of every intelligent, unprejudiced physician will be identical to that arrived at by Reformers.—*Middle States Med. Reformer.*

HOW RAIN IS FORMED.

The *Scientific American* says, that to understand the philosophy of this phenomena, essential to the very existence of plants and animals, a few facts derived from observation and a long train of experiments, must be remembered. Were the atmosphere everywhere, at all times, of uniform temperature, we should never have rain, hail, or snow. The water absorbed by it in evaporating from the sea and the earth's surface, would descend in an imperceptible vapor, or cease to be absorbed by the air when it was once fully saturated. The absorbing power of the atmosphere, and consequently its capability to retain humidity, is proportionably greater in warm than in cold air. The air near the surface of the earth is warmer than it is in the region of the clouds. The higher we ascend from the earth, the colder we find the atmosphere. Hence the perpetual snow on very high mountains, even in the hottest climates. Now, when from continued evaporation, the air is highly saturated with vapor, though it be invisible, if its temperature is suddenly reduced by cold currents descending from above, or rushing from a higher to a lower latitude, its capacity to retain moisture is diminished, clouds are formed, and the result is rain. Air condenses as it cools, and, like a sponge filled with water and compressed, pours out the water which its diminished capacity cannot hold. How singular, yet how simple is such an admirable arrangement for watering the earth?

Part 3.—Editorial.

ECLECTIC MEDICAL INSTITUTE, OF CINCINNATI.

To the Medical Profession:

Believing, as we do, that at this time the liberal minded men in the profession, as well as the great mass of the people, are anxious for a more wide-spread knowledge of the principles of the Eclectic reform in medicine, we call upon you, hoping that our faculty and our college (the original Eclectic Medical Institute of this city) will receive your co-operation, in carrying forward the good work. They have labored hard and long to achieve this end, and with gratitude do they acknowledge the valuable assistance which they have received at the hands of the Eclectic profession.

This institution will continue to labor for the elevation of the medical profession, and the spread of its doctrines among the people. At this time, no work is more arduous, no duty more responsible, no calling more honorable, than this. To secure the continued friendship of its alumni, and the friends of the Institute, induces us, at this time, to call your especial attention to our circular, hoping that you will exert your influence for the good of the Institute and the profession at large, by inducing young men of worth and talent to enter the profession, and be thoroughly educated before they assume the responsibilities attending the practice of medicine. This will be the means of elevating the profession, and of giving tone and dignity to it, as well as making the science of medicine a more certain means of relief to suffering humanity.

You will please call the attention of any of your friends, who may wish to attend lectures, to our annual announcement—being assured that nothing on the part of the Faculty will be wanting, to insure perfect satisfaction to all who may attend. This is the most flourishing medical institution in the West, and it is really hoped that all true friends of reform will lend an influence to its support, and the more rapid extension of the cause of Eclecticism.

NEW REFORM MEDICAL BOOKS.

We learn that Prof. I. M. Comings of the Macon college, is preparing a work on the practice of medicine, based upon the principles of medical reform. We have heard the work, so far as it has been prepared, highly spoken of. Although we have not been favored with samples of the book, we know Prof. Comings is well qualified to prepare a valuable work on reform practice. The greater the number of good books, the greater will be the influence exerted upon both the medical profession and the great mass of the people; and it is encouraging to the reformer, to be able to point to our literature, as being, if not quite so voluminous as that of our old school friends, much more in accordance with common sense, and showing a greater per centage of cures. We copy the following notice from the Reformer, edited by Prof. Comings:

"The 'Reform Practice of Medicine' is progressing very rapidly; our printers have one-half the work through the press, and we shall be sure to have the work bound and for sale by the opening of the session, if nothing in Providence prevents. We regret that we have not had a more general response from our practitioners, to our solicitations for the best treatment of the various maladies we describe."

New Work on Surgery.—Prof. Cook, of the Physio-Medical College of this city, is also engaged upon a new work, which we suppose is nearly through the press, and no doubt will meet a rapid sale. Prof. Comings, in noticing this work, speaks in high terms of it, as will be seen from the following notice, which we copy from his Journal:

"We have been favored with some of the sheets of this work, which is now publishing; we are highly pleased with the contents so far as seen; the matter and method are fully up to our notions of such a work. The typographical execution is of the finest order. This Surgery will fill the place so long vacant, the need which has so long existed for a work that would give our views of diseased action, as well as the operative parts of Surgery. Prof. Cook has done well, very well, and we anticipate the rapid sale of this work among our students."

ANOTHER NEW WORK.—Now in course of publication, by Moore, Wilstach & Keys, *The Elements of Materia Medica and Therapeutics*, adapted to the American Reformed and Eclectic Practice. Second edition, revised and much enlerged. By J. KOST, M. D.

This work comprises a most extensive collection of articles of materia medica, projected upon the doctrine that all diseases are curable by harmless agencies. The articles of materia medica are considered in reference to their natural history; botanical, mineralogical, and chemical character; their physiological and toxicological effects, therapeutic properties, active principles, chemical analysis, modus operandi, and pharmaceutic preparations; comprising the very latest improvements in pharmacy, and the preparation of the isolated and concentrated agents, together with their applications and uses. In its therapeutics the work is very ample, affording an exposition of the philosophy of cure involving the use only of harmless agencies. Few works are more complete in arrangement or adaptation, and the fine execution thereof is warranted by the reputation of the house publishing it. Publisher's price, $4.50.

KOST'S DOMESTIC MEDICINE—Just published, by Richard Wilson, Cincinnati, O. This is a popular work, comprising a treatise on the practice of medicine, and a good collection of materia medica, well illustrated throughout with wood and other engravings. The work has gone through several editions, and has met with much favor from the profession, although chiefly designed for popular use. The work is very elementary in style, and by late revisions is brought up to our progressive age in medical practice, and is projected upon a true basis of Eclectic reform. Publisher's price, $3.00. Address R. Wilson, Cincinnati, Ohio.

PROF. PAINE'S NEW WORK.—We have just been favored with a copy of this work, *an Epitome of Eclectic Practice of Medicine*, and have not yet examined it, but we feel certain that it is a valuable work, and will notice it more at length hereafter: We copy the following notice from the *Middle States Medical Reformer*, of July:

"Prof. W. Paine has a new work on the principles and practice of medicine, now ready for delivery to subscribers. Dr. P. has had a very large and extensive experience, and his success has been unrivalled. His work, no doubt, will prove invaluable to the profession."

A NEW WORK BY PROF. STOCKWELL.—Dr. Stockwell is preparing a work on *Body and Mind*. The *Middle States Medical Reformer* says:

"Prof. S. has been long and favorably known to the profession as an ardent explorer in the wide domain of physiology, and an untiring investigator in the boundless realms of anthropologic science generally. An independent thinker, having long since thrown off the trammels of the schools, and a forcible writer, he no doubt will furnish the profession a rare and valuable work on body and mind. We shall impatiently await its appearance."

PROF. W. BYRD POWELL'S NEW WORK ON THE TEMPERAMENTS.—This rare work is meeting with a rapid sale, and so far as it has been examined, it meets a hearty endorsement. There is much contained in the work that is entirely original and novel, and possesses great interest. His doctrine of the life line, or the measurement of vital tenacity, is one of great practical importance; and so far as we have been able to observe, we are a full believer in its correctness. We would recommend every reader of the Journal to procure a copy of this work, and read it with care.

NEW WORK ON THORACIC DISEASE.—"To be published by Cowperthwaite & Co. on the first of October next, a new and greatly enlarged edition of Newton & Calkin's work on Thoracic Diseases, containing all the improvements in the treatment of pulmonary and cardiac affections, with a full description of the uses and properties of the new concentrated remedies of the Eclectic materia medica, and many others, not yet generally known to the Eclectic profession, with a full repert of the treatment prescribed for thoracic diseases during the year in Pennsylvania Hospital. This work now forms a beautiful volume of five hundred and twenty pages, octavo. Price, in cloth, $2 75; in sheep, $3 00. The work may be obtained, free of postage, by addressing a letter containing three dollars, to Marshall Calkins, M. D., Philadelphia, Pa."

We are well acquainted with this work, and can recommend it highly.

LIBRARY AND MUSEUM OF THE INSTITUTE.

There is now in the library nearly two thousand volumes of valuable books, a fine cabinet on conchology, geology, and mineralogy; a complete set of obstetrical colered illustrations; a full set of botanical paintings, life size; a complete set of anatomical illustrations, fully delineating every part of the human body; a large collection of morbid specimens, &c.

HISTORY OF ECLECTICISM.

Prof. Bickley will furnish another chapter of this history for the October number of the Journal. His health is such that he will be able to resume the work and prosecute it to completion. This work will be issued in a neat volume, and duly announced as soon as out of the press. It will give a true history of events, doctrines, &c., as well as a true history of the struggles which the Eclectic Medical Institute has passed through from its establishment, especially during the year 1856, with all the legal documents and decisions pertaining thereto, and a glance at the present and future prospects of the Institute and the cause of Eclecticism.

We have just received a letter from Prof. Bickley, from which we learn that he is entirely well, and will be in the city to resume his labors in a few days.

MEDICAL ASSOCIATIONS.

We have received the following circular, which we insert, not only that the physicians of Indiana may be informed of this meeting, but that our medical brethren in other States may be encouraged and induced to begin a similar work. We hope this meeting will be largely attended by the true friends of the Eclectic cause.

"*Circular to the Eclectic Physicians of the State of Indiana.*

"GENTLEMEN: Your attention is respectfully invited to the following call for an Eclectic Medical Convention, to meet in Indianapolis during the coming State Fair in October next. The object of such convention being to effect an organization of the Eclectic physicians of Indiana.

"'ECLECTIC MEDICAL CONVENTION.

"'Pursuant to call, a meeting of the Eclectic physicians of Indiana was held at Indianapolis, June 30th, in which it was resolved, that an adjourned meeting be called to meet again at Indianapolis during the approaching state fair. In pursuance, therefore, of the above resolution, the second day of the fair (Oct. 6th) has been settled upon as the time of the meeting. The convention will meet at 2 o'clock of said day. The object of the meeting is to adopt a constitution and enter into a more thorough organization. A general attendance is most earnestly solicited, as subjects of interest to the cause of Eclecticism will be brought before the convention. Delegates on arriving in the city, will call at the office of Dr. Abbott, on Virginia Avenue, or at Dr. Kendrick's, on East street, north of Little's Hotel, or at the office of Dr. Green, No. 12½ Illinois street, where they will be informed of the place of meeting.

"'W. H. Kendrick, *Pres.*

"'O. H. Kendrick, *Sec.*'

"The necessity for such an organization is too apparent, we trust, to require argument to enforce. Eclecticism is but in its infancy, yet it has already extended its benign influence throughout the length and breadth of our land, dispelling the superstition and medical bigotry that have so long held undisputed sway over the minds of our fellow men. The hundreds of graduates from our colleges, who are scattered from the Atlantic to the Pacific, and from the Canadas to the Gulf of Mexico, are but pioneers in this glorious cause, paving the way for the general introduction of a sanative system of medication; and notwithstanding the violent opposition of a powerful and well organized enemy, enjoying the prestige of antiquity and the patronage of the government and the aristocracy, the supply of Eclectics has never equaled the demand. Our forces have been scattered over extensive regions, widely separated from each other, where they have been obliged to battle single handed with the combined opposition.

"Yet, with all these disadvantages, Eclecticism has gone bravely on, until its silent and bloodless victories have firmly and irremovably fixed it in the minds of the great masses, and the universal cry is, '*reform in medicine.*' After so much has been accomplished without organization, what may we not expect when thoroughly organized and united in the great cause of medical reform? Those in isolated localities, surrounded by an active and united opposition, can receive the aid and encouragement of their brethren, and thus be nerved to renewed energy for the contest. Eligible situations can be pointed out to the recent graduate, and the sympathy of his co-laborers can be extended to him in the commencement of his labors. Valuable information touching the success of Eclecticism, or important cases, now confined to the individual, could then be made known to all, and thus the body be benefited by the experience of its members.

"These enumerated are but a few of the advantages that would grow out of a complete organization of our forces. Then leave the cares and anxieties of professional life for a season, and come up and counsel with each other for the best interests of the great cause of reform to which our lives are devoted. Those attending will be expected to remain at least three days. J. N. Green, M. D.,

"*Cor. Sec. E. M. A. of Ind.*"

CONCENTRATED MEDICINES.

One of the manufacturers of these medicines informed us a few days since that his establishment is now manufacturing four thousand ounces per week. When we consider the number of persons engaged in their manufacture, and the amount of capital invested, we have some idea of the large amount of concentrated medicines made. This shows plainly, too, that they are being used by the profession at large; and yet we have persons among us, who call themselves reformers, who neither use nor recommend them. Their teaching upon this subject is illustrated by the Great Teacher: "If the blind lead the blind," &c.

COUPLETS—AN UNUSUAL CASE.

Drs. Clouser & Stahl, of Hartford City, Ind., sent the following statement to the editor of the Cincinnati Enquirer, who handed it to us. This is a very interesting case, and one worthy of record.

"Among the unique cases of obstetrics is the following, which occurred four miles from this place: Mrs. H. was in her third utero-gestation, and enjoying usual health, when, after a little more than ordinary exercise, she was taken sick; pains came on, and in eight or nine hours from the commencement of labor, she was delivered of a male child, apparently of full term, though small. Its nails were fully developed, and the hair, adipose matter and muscular tissue developed as at full term. The placenta immediately preceded the birth of the infant. One child and secundines now being expelled, yet it was evident there was still another in utero, but no pains for its expulsion. There was some hemorrhage, and a few doses were given to control it, and which might probably bring on pains adequate to the evulsion of the second fœtus. The first indication was met, and the woman recovered as ordinary; was up in a few days attending to the affairs of housewifery. Just seven weeks from the birth of the first, she was delivered of a second child, a fine girl weighing eight pounds. Both are living, and the mother is doing well."

"*August*, 1857."

"PROBLEMS TO BE SOLVED."

We make the following extract from Dr. Cleaveland's publication for June, to give our readers some idea of the rapid improvements which appear to be made in that quarter. We quote it *verbatum*:

> "Again, when iron or copper are indicated, mercury will prove exceedingly harmful; and unlike the harmful effects of some remedies, the danger will not quickly pass, but will continue for a long period of time. In those diseases where iron or copper are applicable, we are not often able to recognize any particular organic changes, but we determine, sometimes, the need of those metals by a trial of their use. Those metals may be *tried*, and no harm can come of the properly conducted experiment."

For our own part, if we had to use either mercury or copper, we would prefer the former. Who ever heard of using copper? This is reform with a vengeance. Mercury a poison, but copper a safe agent!

Again, we ask for information: In case a boy has his finger dislocated, and at the same time a flesh wound of the hand and fingers, should the flesh wound be dressed with stitches and adhesive plaster, and be allowed to heal, without having reduced the dislocation of the finger? And in case the wound healed, how long a time should elapse before the reduction should be attempted? Will Dr. Cleaveland answer these queries?

REFORM MEDICAL COLLEGES.

Our readers will find below the announcements of the various Reform medical colleges, so far as we have received them. We feel anxious that our readers may be well informed in regard to all that is being done by the reform branch of the medical profession. While we may differ on some minor points, the great principles of reform appear to be the common incentive to continued labor with all its friends. We hope the day is not far distant, when there will be a perfect co-operation of reformers throughout the land. The amount of good which would result from such a condition of things, is beyond calculation.

ECLECTIC MEDICAL COLLEGE OF PENN'A.

The seventh annual course of lectures in this college, located at Philadelphia, will commence on the 15th of October, and continue sixteen weeks.

Joseph Sites, M. D., Professor of Obstetrics and Diseases of Women and Children.

Henry Hollembaek, M. D., Professor of Materia Medica and Therapuutics.

Y. G. Chaise, M. D., Professor of Chemistry and Medical Jurisprudence.

Marshall Calkins, M. D., Professor of Surgery.

Wm. Paine, M. D., Professor of Theory and Practice.

Joseph B. Holland, M. D., Professor of Anatomy and Physiology.

Marshall Calkins, M. D., Demonstrator of Anatomy.

Fees. — Matriculation $5, each Professor's ticket $8, Demonstrator's tee $5, graduation fee $25.

MARSHALL CALKINS, M. D., *Dean.*

Reform Medical College of Macon, Ga.

The annual course of lectures will open on the first Monday in November next, and continue until the first of March following.

L. Bankston, M. D., Professor of Physiology and Pathology.

J. T. Coxe, M. D., Professor of the Principles and Practice of Medicine.

M. S. Thomson, M. D., Professor of Obstetrics, Diseases of Women and Children and Materia Medica.

I. N. Loomis, A. M., M. D., Professor of Chemistry, Botany, Pharmacy, and Microscopy.

I. M. Comings, A. M., M. D., Professor of Anatomy and Surgery.

O. A. Lochrane, Esq., M. D., Professor of Medical Jurisprudence, Therapeutics.

Fees.—Lectures $100, matriculation $5, anatomical ticket $10, graduation $25.

Botanico-Medical College, Memphis.

The lectures will commence on the first Monday in November, and continue sixteen weeks.

G. W. Morrow, M. D., Professor of Anatomy and Physiology.

L. D. SHELTON, M. D., Professor of Theory and Practice of Medicine.

S. P. Cutler, M. D., Professor of Chemistry and Medical Jurisprudence.

Hugh Quin, M. D., Professor of Obstetrics and Diseases of Women and Children.

W. B. Morrow, M. D., Professor of Materia Medica and Pharmacy.

T. C. Gayle, M. D., Professor of Institutes and Practice of Surgery.

G. W. Morrow, Demonstrator of Anatomy.

Fees.—Lectures $80, matriculation $5, graduation $20.

T. C. Gayle, M, D., *Dean.*

Physio-Medical College of Ohio.

The lectures will commence on Tuesday, October 20, and continue sixteen weeks.

D. McCarthy, Professor of Anatomy and Physiology.

J. R. Nickel, Professor of Medical and Operative Surgery.

A. Curtis, A. M., Professor of Institutes and Practice of Medicine.

W. H. Cook, Professor of Botany, Therapeutics and Materia Medica.

S. E. Carey, Professor of Obstetrics and Medical Jurisprudence.

S. W. Sparrow, Professor of Chemistry and Toxicology.

D. McCarty, Demonstrator of Anatomy,

Fees.—Professors' tickets $60, matriculation $5, graduation $20.

Wm. H. Cook, M. D., *Dean.*

American Medical College, Cincinnati.

We copy the following from the July number of their Journal, leaving a blank instead of the name of Prof. Snyder, recently deceased.

The lectures will commence on the 15th of October, and continue sixteen weeks.

J. A. Corey, Professor of the Theory and Practice of Medicine.

R. C. Carter, Professor of Obstetrics and Diseases of Women and Children.

—— ——, Professor of Medical Surgery and Medical Jurisprudence.

John Kost, Professor of Botany, Materia Medica and Therapeutics.

J. S. Galloway, Professor of Chemistry, Pharmacy and Toxicology.

T. J. Wright, Professor of Anatomy and Operative Surgery.

E. H. Stockwell, Professor of Physiology and Pathology.

S. H. Potter, Emeritus Professor of Practical Medicine.

R. Rich. Clay, Demonstrator of Anatomy.

Fees—Tuition $20, matriculation $5, Demonstrator's ticket $5, graduation, $25, hospital ticket (optional) $5.

T. J. WRIGHT, M. D., *Dean.*

Eclectic Medical Institute, Cincinnati.

The winter session will commence Oct. 12th, and continue sixteen weeks.

J. Milton Sanders, Professor of Chemistry, Pharmacy and Toxicology.

L. E. Jones, Professor of Materia Medica, Therapeutics and Medical Botany.

W. Byrd Powell, Emeritus Professor of Cerebral Physiology.

G. W. L. Bickley, Professor of Physiology, Institutes of Medicine, and Medical Jurisprudence.

Z. Freeman, Professor of Theory and Practice of Medicine and Pathology.

R. S. Newton, Professor of Surgery and Surgical Practice.

J. M. Scudder, Professor of General, Special, and Pathological Anatomy.

A. H. Baldridge, Professor of Obstetrics and Diseases of Women and Children.

E. Freeman, Demonstrator of Anatomy.

CLINIC.

Z. Freeman, Lecturer on Clinical Medicine.

R. S. Newton, Lecturer on Clinical Surgery.

Fees.—Matriculation $5, tuition $20, clinic $5, graduation $25, Demonstrator's ticket $5.

Metropolitan Medical College, N. Y.

We have not received the announcement from this school, but we will insert it as soon as it comes to hand.

Worcester Medical School.

We have no information in regard to this institution.

A DEAD MAN TO GIVE A COURSE OF LECTURES—LATER.

A notice of this strange announcement was published in the last number of the Journal. It was said by some that it must be a mistake, as no man of sense or honesty would make such an announcement. But Dr. Clevaeland, in a publication issued and dated the 15th of the present month, republishes the statement that he and the dead man will commence lectures on the 15th of October. As Dr. Cleaveland belongs to a "spirit circle concern" himself, and deals in all kinds of "unnatural phenomena," he is simple enough to think that this will attract a large class of students. If he possessed other facilities of drawing out a sufficient number of persons to his lectures to prevent a perfect failure, he would not resort to this trick. Well, we speak for a large patronage. We hope the bogus men will some day be able to pay over the money belonging to the Eclectic Medical Institute.

SYME'S SURGERY.

This work still has a fine run; five hundred copies have been ordered and shipped in one month. The following is one among the many favorable notices of this work:

"This is a large and comprehensive work, embracing all that is important pertaining to Surgery—the modern improvements included. It is likewise valuable because of the fact of its being the production of two leading Surgeons—the one a prominent Allopathist, the other a conspicuous Eclectic.—Syme stands at the head of his profession in Scotland, and throughout all Christendom is favorably known as a skillful and successful operator. In his part of the work all the popular means and appliances of Allopathy are detailed, while the part contributed by Prof. Newton, one of the experienced and successful Surgeons of the West, embraces the improvement in remedies and treatment of the Eclectic school. The volume is gotten up in the best style of the Cincinnati press."—*Middle States Medical Reformer.*

CLINICAL INSTRUCTION.

Since Newton's Clinical Institute has been established, over five hundred cases of disease have been treated before the students of the Institute; and this institution will continue to afford superior clinical facilities. A large number of cases of cancerous and fistulous disease have been treated successfully there; in fact, more cures of malignant disease have been made in that establishment, than have ever been reported by the entire medical profession in the United States; all of which has been fairly tested and demonstrated to the medical student.

THE MIDDLE STATES MEDICAL REFORMER.

We learn from the July number that hereafter this valuable journal will be published bi-monthly and enlarged to thirty-two pages. Price, one dollar a year.

THE

ECLECTIC MEDICAL JOURNAL.

FIFTH SERIES, VOLUME I. OCTOBER, 1857. NUMBER 10.

Part 1—Original Communications.

MEDICAL PROGRESS.

BY GROVER COE, M. D.

Read before the Eighth Annual Convention of the National Eclectic Medical Association, at Cincinnati, June, 1857.

From the stand-point I have taken, my scope of vision embraces many cheering indications of a healthful recuperation in the discordant ranks of our profession. Many of the asperities which formerly marked the intercourse of medical men of different persuasions, are now softened down, and the public pulse beats in timely unison with the foot-steps of the genius of progress. With the dawn of the present century the pen of the historian has already chronicled the advent of a new era in the progressive development of the physical sciences, and ere its close, judging from present indications, the art of healing will rank amongst the foremost in the van. The pruning-knife of Rational Eclecticism is swift being applied to the excrescences of error which mar the beauty of our otherwise comely science.

For ages past, the *curriculio* of medical dogmatism have stung the rising branches of our profession, and deposited in their plastic minds the germs which served to perpetuate systems of sophistry and error. But a new light has broken in upon us. Already the affrighted mists of ignorance, prejudice and bigotry, are fast being dispelled before the vitalizing rays of the sun of science, and the deep gloom of doubt and uncertainty, which hung like an *incubus* over our pathway, has given place to the effulgent rays of fixed ond demonstrative ethics. From out the chaotic mass of materials which form the *debris* of exploded systems, Eclecticism is culling the scattered gems of truth, and joining these with the rapidly accumulating materials which are furnished by the march of progressive development, is rearing a citadel of medical excellence which is destined to withstand the rudest shocks of coming ages. The "march of intellect" was never more fully realized than in the events which individualize the present century. In company with the rest of the physical sciences, medicine has received an impulse which must inevitably go on culminating to a degree incomprehensible to the mind of man in his present state of enlightenment. But our labors have to do, in a great measure, with the day in which we live. The poet has said,

> "Man never is, but always to be blessed,"

Yet I think I may safely say, that thousands in our own time have cause to rejoice at the reception of the manifold blessings which the cause we have met this day to advance has conferred upon them. And we feel a just pride in the consciousness that we of the present day have in some measure contributed in developing the means whereby so much benefit has accrued to our fellow beings.

Time, the great developer, in unfolding the mysterious records of the future, presents us with an ever-varying panorama of human dependencies. Man, the creature of time's mutations, is ever pregnant of new necessities, and must ever depend upon the progressive development of the material world to meet the exigencies of accruing needs. In no part of the ordering of the universal whole, is the wisdom of God more manifest, than in having designed the blessings held in store for us. Had the mysteries of creation been opened to the primordial races, there had been now no field wherein the philosophic and scientific mind could have object or pursuit. Sunk to the level of a mere consumer, the intellect of man, consequent upon its inaction, must have shrunk and waned into imbecility. Pitiable indeed, is that mind which never produces of its own inherent powers. Though naught is made in vain, yet were naught better than the possession of such a mind. True, the faculties of man must be stimulated to action by impressions derived from external sources. Nature furnishes the raw materials, which yet are to be digested and assimilated to the character and requirements of our necessities. Wisely, then, has the Creator left the resources of the material world to be opened up by the progressive mind of man. Having mastered a knowledge of the laws which govern the forms, properties, and affinities of matter, he possesses the key wherewith to unlock the secret repositories of nature's storehouse, and from thence scatter abroad the means which bring health and happiness to such of his race as wisely use them. And here I would remark, that upon the proper adaptation of means to ends, must we ever base our hopes of success in all the avocations of life. The bard of Avon has told us that

"Mickle is the wondrous grace that lies
In trees, plants, stones, and their true qualities;
For naught upon the earth doth live,
But to the earth some special good doth give;
Nor aught so good, but, strained from its fair use,
Revolts from true birth, stumbling on abuse.
Virtue becomes vice by being misapplied,
And vice sometimes by action dignified.
Within the infant rind of this small flower
Poison hath residence, and medicine power."

Let us look well, then, to the consideration that we rightly adjudge the adaptation of the implements put in our hands, nor attribute our want of success to other than the true cause, defective skill in their employment. To the indiscriminate employment of incongruous means, must we attribute the fatality attendant upon the practice of the older systems of medicine. Let us be cautious, then, that we fall not into the same errors.

But with the light which physiology, chemistry, and the kindred sciences are now spreading upon the art of healing, we stand in but little danger of committing those errors which misled the professional mind in times past. A better understanding of the functions of the human economy, of the properties and affinities of its constituent elements, together with a more comprehensive knowledge of its relations to the outer world, enables us to control its manifestations of deranged action with greater promptness, certainly, and desirableness of result. And this we are enabled to accomplish by reason of the possession of enlarged resources, drawn from the inexhaustible well-spring of the Creator's never-failing beneficence, as constituted by the vegetable world. In no aspect does medical progress display a more promising indication, than in the increased and increasing attention given to the development of the resources of our indigenous Materia Medica, than in which field, the analytic powers of mind could not have more laudable employment. Without designing to encroach upon the province of the committee appointed to report upon organic remedies. I beg your indulgence for a few moments, while I offer a few remarks upon this point. Organic Chemistry now ranks amongst the most important of the collateral sciences which co-operate in the advancement of progressive medicine. Rapid as have been the strides since first this subject received the exclusive attention of those devoted to its interests, yet are there many defects which the patient genius of philosophy will in time overcome. Nevertheless, we have ample cause for gratification in contemplating its present exalted position. While, for a considerable period of time, mankind have been aware that from the vegetable kingdom we derive, either directly or indirectly, all the elements of nutrition, yet seem they not to have considered the full utility of the same source, as being capable of supplying all the requirements of therapeutic appliances. While we, as Eclectics, acknowledge the individual claims of each department of the material world, each a resource from which we discriminatingly select appropriate remedies, yet is there not an enlightened physician amongst us, who does not infinitely prefer the duly elaborated materials of the vegetable kingdom. Seeks he the agency of the inorganic kingdom, he finds in the delicate organism of plants all the forms of inorganic matter which can with safety be inducted into the human organism. Seeks he iron for the treatment of chlorosis, he will find it in the bark and fruit of the *Vaccinium.* In varieties of the Liliaceæ he finds compounds of sulphur. The *Assafœtida* furnishes him with sulphur, sulphate, carbonate, and malate of lime, the oxides of iron, alumina, &c. From various species of sea-weeds, particularly the *Algæ* and *Fuci*, soda is obtained for his use. In the *Phytolacca Decandra*, and other of our indigenous plants, he has potassa. In short, all the elementary constituents of the human organism may be found resident in plants. That plants, in their elaboration of inorganic materials, produce some modification of them which more perfectly adapts them to the assimilative powers of the system, is a fact which I think will not be disputed. The necessity and philosophy of the employment of organic remedies upon the system of an organized being, is a principle of practice which I hope is apparent to all. As the various rudimentary compounds which, under the general head of *protein*, have passed to a certain stage of development in the assimilative systems of plants, are thereby more eminently fitted for the action of the organic forces of the human body, when considered in the light of nutriment, so may we safely say of the therapeutic elements assimilated in the laboratory of the vegetable kingdom, when viewed with the purpose of influencing the functions of the animal economy. In my conception of the phenomena of creation, I recognize various degrees or grades of organization. If it be true that animal food, under certain circumstances, is better adapted to the necessities of our systems than that which is derived directly from the vegetable, simply by reason of its having passed through certain progressive stages of elaboration, and being rendered thereby more capable of ready adaptation and appropriation by the nutritive functions of our systems, then may we hold it equally true, that various inorganic matters used in medicine are reduced to a condition more compatible with the assimilative powers of our systems, by reason of having passed through the vitalizing processes of organic growth.

In the blending of the elementary materials which constitute the structure of the human body, I recognize the only pure and legitimate aristocracy, the aristocracy of matter. No other production of the organic forces can rival the wondrous phenomena which pertain to the structure of man. In the number, form, and arrangement of the elements of his organism, he is a perfect epitome of created nature. In the human brain, we have the very acme of exalted organism. It is the *ne plus ultra*, the *chef d'œuvre* of the handicraft of the great Architect. Yet we see different degrees of power in this most perfect of contrivances. Nor do we find that the discrepancy depends upon size or volume. The possession of a large brain no more argues the presence of exceeding mentality, than does the planting of a single seed in the centre of an otherwise untenanted field imply increased product, compared to its limitation within a smaller compass. Neither does the division and arrangement of its structure always imply the manifestation of unusual faculties. To what are we to look then as the physical cause of exalted intellectuality? Other necessary conditions being complied with, we will find that exalted and vigorous action will depend upon the constitution of the brain itself, or, in other words, upon aristocracy of organism. If, in addition to large volume, the brain possesses a high degree of organism, then may we reasonably expect the manifestation of superlative power. The luxuriance of the plant does not depend upon the quantity of soil in which it vegetates, but upon the presence of materials endowed with the qualities requisite to its growth and development. By keeping a consideration of these facts in view, the practitioner will more readily comprehend the philosophy of using remedies already in a state of organic forwardness, in the treatment of disease.

Complete as are the therapeutic capabilities of plants, in their natural state, for supplying the necessities of disease, yet has organic chemistry instituted a complete revolution in the method of preparing them for more ready adaptation by the system.

In examining the structure of plants analytically, we find that they are possessed of two distinct constitutions, physical and therapeutic. The physical elements we recognize in the forms of lignin, amylaceous, saccharine, albuminous, and other matters, which are classed as non-medicinal. The therapeutic or medicinal constituents, are comprised under the head of resins, resinoids, alkaloids, neutral principles, oils, mucilages, gums, balsams, &c. In the employment of crude vegetable remedies, it must be apparent to every one conversant with the analytic history of plants, that we introduce into the stomach an *uncertain* amount of the proximate principles, combined with, and diffused through, a considerable amount of inert and non-medicinal matter. Now, before the therapeutic power so embodied can manifest its influence upon the system, a certain chemical elaboration is necessary to be performed, whereby these medicinal elements may be eliminated and set free from the combination in which they exist. This elaboration argues an expenditure of power highly prejudicial to the already exhausted conservative forces, and a consumption of time which is frequently of the greatest moment. Again, the refuse materials which can neither be digested nor assimilated to the system, require a further appropriation of vital force to ensure their depuration. Again the fermentiscible matters which they contain, meeting in the stomach conditions favorable to its development, give rise to the generation of free acid, which decomposes and renders negative the proximate principles set free. Time will not allow me to enumerate all the objections which pertain to the use of crude organic remedies. I have spoken of the *uncertain* amount of active principles administered when crude medicines are employed. This subject, and the facts connected therewith, are, I presume, already familiar to most of my readers, having been fully set forth in our journals and other publications. Yet, may I here be permitted to remark, that each succeeding analysis but serves to confirm the facts already set forth in regard to the variable yields of proximate principles, by samples of the same plant grown under different climatic, meteoric, and other influences. The soil in which it grows, cold, heat, dryness, and moisture, all conspire in influencing its development. The period at which it is gathered will also be found an important consideration. Too much attention can not be given to the question of the best methods of preparing pharmaceutic compounds. The so called officinal tinctures are always of variable and uncertain strength. This will ever be the case so long as purely *physical* considerations are adhered to in their preparation. So long as *weight* and *measure* are the criterions by which the estimation of their medicinal strength is governed, we can never attain that most desirable object, uniformity of strength. This is equally true of extracts, whether aqueous, alcoholic, or hydro-alcoholic, whether prepared in vacuo or otherwise. Not only will they ever be variable and deceptive as regards the actual amount of active principles they contain, but are also liable to complete chemical decomposition in periods ranging from three weeks to sixteen months. Syrups are open to the same objections. They can never be of uniform strength for the reason above given, and are likewise peculiarly liable to the chemical changes so destructive to extracts.

In the attention which is now being given to the facts I have above stated, I discern one of the bright links in the chain of medical progress. The skillful manipulations of the chemist have drawn a dividing line between the physical and the therapeutic, and in his laboratory he has forestalled the necessity of an outlay of digestive action on the part of the stomach. Thus are the impaired forces of the system husbanded, while greater promptitude of action is ensured. Although we may not feed our patients as many *groceries*, in the form of molasses, starch, &c., yet will we, in the employment of concentrated remedies, furnish them with as *much*, and what is of still greater importance, a *definite* amount of *medicine*. In conclusion, upon this point, I would state that one of the most encouraging "signs of the times," is the rapidly increasing favor with which the Allopathic fraternity are regarding our indigenous organic remedies. A spirit of liberalism is extending by slow degrees through the ranks of that most conservative profession, and awakened from that mystic sleep by the reverberating echoes of the car of medical progress as it thunders onward, they begin to realize the necessity of keeping pace with the enlightened genius of the age. I cannot pass over this occasion without contributing my humble mite to the meed of thanks so justly due our esteemed and most worthy co-laborer in the cause of medical progress, Prof. W. Byrd Powel, of Kentucky. With a mind that soars above the ordinary height attained by those of his fellow men, as soars the eagle above the fowls of lower air, and with an eye as keen, he has scanned the inmost recesses of man's mysterious organism, and with a pen plucked from the wing of the angel of intelligence, has traced the living characteristics of the human soul upon the tablets of revealed truth, in characters as indellible, and with the effulgent brightness of the glorious God of day.

Holding close communion with man's spiritual nature, his analytic powers of mind have solved the problems of inner life, and with true artistic skill, he spreads before us a panoramic feast of mental delicacies, more grateful to the intellectual palate, than ere caterer to scientific appetite has yet attained.

While the anatomist, with dissecting-knife, has but sliced the grosser fabric into bits, tracing the cunning fibers in their devious ways, pointing us to here a nerve or vein, and there a cell or gland, unrolling as it were an organic chart, no more; he, with the keener blade of perceptive and reflective wisdom, has traced the meanderings of man's imponderable nature, and with the style of demonstration, has translated and graven the mysterious language of his mental being upon the imperishable record of immortal science.

The labors of Prof. Powell have given an impetus to medical progress, which must be felt through all coming ages. The present age will ne'er do justice to the swift advancement he has made in the department of cerebral physiology. He has so far outstripped the march of mind, that he can but fail, in the age in which he lives, to reap the full reward of sympathy and appreciation he so justly merits, and it is to posterity that he must look to crown the measure of his meed of fame.

Let no physician consider his requirements complete, until he has fully mastered a knowledge of his system of cerebral physiology. It will prove of incalculable value to him in estimating the mental peculiarities of his patient, and in forming the diagnosis and prognosis of his disease.

Governed by its principles, he will be enabled to more understandingly adapt remedial appliances; to determine the precise nature of therapeutic requirements, and correctly predict physiological results.

In short, I consider a familiar knowledge of this branch of medical science indispensable to every practitioner of the healing art.

While we have ample cause to rejoice at the present condition of medical progress, yet have we reason to guard, with a watchful eye, the portals that lead to the sanctuary of Eclecticism. Not from outward assaults have we much to fear, although our energies may be crippled, and our progress for a while retarded by the combined opposition of those who seek to destroy us. Yet, remember that

> "Truth crushed to earth will rise again—
> The eternal years of God are hers;—
> But Error wounded writhes in pain,
> And dies amidst his worshippers."

Opposition and persecution but serve to stimulate us to deeds of greater might, and lead us to the accomplishment of more glorious and effective results.

But it is within our ranks that we have the elements of destructive disintegration. In the interior organism of the Eclectic system, will we find the morbid germs, which, unless we adopt an alterative course for their depuration, will culminate in its effectual dissolution. Chief amongst the blighting influences which have dimmed the luster of our cause, has been the utter incompetency of many of our teachers, who have assumed to be the exponents of our principles and practice. Fitted neither by nature nor education for the profession they have essayed, their imperfect labors have done incalculable mischief to the cause they have attempted to promulgate. Clothing its immaculate principles in the chimeric drapery of their own superficial minds, they present the subject so disguised as the legitimate off-spring of inductive philosophy. Many dependent minds are thus misled, by reason of considering the sources from whence such false teachings emenate, as being authoritative. And yet these imaginative distorters of scientific beauties put on all the assumptions of veritable oracles, and with portentious gravity assume the garb of profound philosophers and men of science. Anon they are given to flights of fancy, soaring to the realms of the ideal, and there having inhaled the perfume of poetic imagery, come back freighted with schemes and theories of Utopian growth. Well may they be compared to

> "Rich windows that exclude the light,
> And passages that lead to nothing !"

More than this, has been the want of moral integrity displayed by many who have held positions of responsibiliiy and honor in our profession. There is no greater truism, than that where we lose respect for the teacher, we are apt to lose respect for the matter of his teachings. It matters not how learned and truthful may be the substance of his doctrines, for if the history of his life be disreputable, it will exhale a moral miasm that will impregnate his mental atmosphere with a virus most mephitic, foul, and rank.

No cause can ever prosper which has not for its basis strict moral integrity and unswerving honor. The advocates of our cause should possess established characters for both private and professional worth, and be able to pass through the trying ordeal of moral and intellectual criticism unscathed.

How often have we been humiliated by the contemplation of beholding men elevated to the posts of teachers in our various schools, who were dependent upon their positions alone to sustain themselves. Men who never were able to sustain a respectable practice during their whole career. Deprive them of the false attributes which their elevation throws around them, and leave them to sink or swim by virtue of their own intrinsic merits, and they will soon sink into the merest nothingness. Yet these are the men who make the loudest pretensions, and claim to the possession of all the science, all the skill, and the learning, and sometimes even, all the decency! These are the personages described by the poet, as being

> "Full of sound and fury, signifying nothing."

Some of these gentry that we wot of, have, by force of their own misdeeds and incapacities, sunk to the level of their natures, and now grace less presumptive positions in society.

> "Though erst they made the vulgar stare,
> The swollen bubble's burst, and all is air."

Look well to it then, that ye select men of talent, education, experience, and moral standing to preside over the interests of medical progress. Our cause is not yet sufficiently plethoirc to bear depletion, but needs rather a restorative and invigorating regimen. See, then, that you appoint men to the chairs of our institutions, who, as promulgators of our doctrines, will both ornament and sustain the dignity of the position in which ye place them.

I cannot take leave of this subject without calling attention to the existence of another evil, which most sadly needs reformation, and that is, the deplorable condition of our medical literature. True, our shelves teem with volumes which, in number, would seem to embody all that was known of Eclectic science. Yet, what have we, as Eclectics, in view of the vast fund of materials we possess, yet done to exalt the character of Eclectic medical literature? We scarcely have even a dispensatory which can consistently lay claims to our confidence. True, we have ponderous books, with imposing title-pages, purporting to be exponents of the Eclectic Materia Medica, but upon close examination we find that the only evidence upon which such pretensions are based, is to be found upon the afore-mentioned title-pages. Gotten up by men deficient both in ability and experimental knowledge, they are, for the most part, made up of stale rehashes of materials drawn from similar anterior works; much of their most valuable contents is stolen from the standard authorities of the old school, and the balance made up of hypothesis, high-sounding pretensions, miserable failures at scientific expositions, and directions for the preparation of *original* potent pharmaceutic compounds, which the author never used. With a few honorable exceptions, those of Newton and Powell, and Jones and Morrow, we have no works on general practice worthy of being recommended to the student as text-books. The recent issue of Newton's Syme's surgery, is calculated to most deservedly supply a deficiency long felt by Eclectic practitoners. Aside from these, we are indebted for most of our works upon the collateral branches of medical science, to that branch of the profession which we claim to be superior to, in all that relates to practical success in the art of healing. While we denounce and condemn their theories and their practice, we countenance and perpetuate them by omitting to provide ourselves with standard medical literature, for the creation of which we have unlimited resources within ourselves. By this course much discredit is brought upon our cause; yet not a tithe so much as by the publication of those defective, plagiarized, hastily gotten-up works which are so prone to issue from our medical press. Devoid of originality, they fail to advance the interests of the subjects upon which they purport to treat. Frequently filled with sophistries and hypotheses of most chimeric texture, they disgust the learned and delude the ignorant.

Thus is the cause of medical progress brought into disrepute, by reason of our not sustaining our pretensions by our productions. It is in all humility that I call attention to these facts, with a view to stimulate the energies of able men, of whom our cause is not deficient, that they may apply their powers to the accomplishment of a work so fraught with the best interests of Eclectic medical science.

Let us combine our efforts, therefore, in the promotion of so important an undertaking, by encouraging really scientific industry, while we steadily and perseveringly discountenance all attempts to palm off upon the profession, precocious and underdone medical literature.

RUBEOLA.

BY B. O. HATTOX, M. D.

This disease is characterized by hoarseness, dry cough, drowsiness, and synocha, during the first two or three days. It is in the class pyrexia, and order exanthemata, of the learned nosologist, Dr. Cullen. About the fourth day the rash or eruption, consisting of small red pimples, breaks out about the face, neck, and thorax, and in twenty-four or thirty-six hours generally extends to the abdomen and extremities. It ends in mealy disquamation after a life of about three days. The eyes and eye-lids always show the presence of this disease, being somewhat inflamed and suffused with tears. The synocha continues during the entire progress of the disease. Several varieties of *measles* are mentioned by different nosologists, but they may be all comprehended under two heads: one characterized by symptoms of general inflammation; the other attended with a putrid diathesis.

As an epidemic, the *measles* may prevail at any season of the year, but are much more prevalent in the middle of the winter. In the summer, during July and August, they are generally milder. Children are more liable to them than adults, but they attack persons of all ages. They never affect a person but once: their contagion seems to be of a specific nature, like small-pox. A general uneasiness, chilliness, shivering, and pain in the head, usually precede the eruption in grown persons; but in children, sickness and vomiting, heaviness and soarness of throat, with other symptoms, such as happen in most fevers, precede it; but the chief characteristic symptoms are, inflammation about the eyes, swelling, heaviness, and defluxion of tears, and great acuteness of sensation, so the patient cannot bear the light without pain, with such a discharge of serous humor from the nostrils as to produce considerable sneezing. The heat, and febrile symptoms generally increase very rapidly, to which succeeds a sense of stuffing, frequent and dry cough, great oppression, and vomiting, with pains in the loins. At other times the fever runs much higher than in the milder form of regular small-pox; great sweating, thirst very great, the tongue foul and white. The eruption consists of red pimples or papulæ in semicircular, or rather horse-shoe-shaped splotches. On the third or fourth day from their appearance, the redness diminishes, the pimples or spots dry up, the cuticle pells off and a new one takes its place. The febrile symptoms do not go off when the eruption has fully established itself, as in small-pox, except the vomiting; the weakness, headache, and cough, with the defluxion on the eyes, and a considerable degree of fever continue. From the ninth to the eleventh day, all traces of the redness disappear, and the skin assumes its wonted appearance; but the cough will continue and the fever return with new violence, and bring on great distress and danger, unless there has been considerable evacuation by the skin, or by vomiting.

Spasms of the limbs, subsultus tendinum, delirium, or what more frequently happens, coma, supervene in the more alarming cases. Some practitioners regard the last-mentioned symptom as diagnostic of the disease, because it so frequently attends the eruptive fever of measles.

The symptoms in measles, as in other febrile diseases, generally suffer some remission toward morning, returning toward evening, however, with increased severity.

The measles are not generally attended with a putrid tendency, even when violent, but it sometimes happens that such a disposition prevails both in the course of the disease, and at its termination.

Petechiæ are interspersed among the eruptions in such cases, and the latter become livid, or assume almost a black color. Hemorrhages break out from different parts of the body. The pulse becomes frequent, irregular and feeble, universal debility ensues, and the patient sinks.

In all cases where there are symptoms of pneumonic inflammation, fever, with much difficulty of breathing, or where there is a tendency to putrescency and great debility, there will always be considerable danger; but the sequel of measles is more to be dreaded than the immediate disease, for the patient may seem to recover from the disease, and to be well, and still hectic symptoms and pulmonary consumption may arise and destroy him; or bronchitis or diarrhea may ensue and greatly annoy him, or even end his life.

Where a tendency to scrofula exists, measles, as well as small-pox, may call it into action. Dropsy and ophthalmia, also, have been known as a consequence of measles.

The morbid appearances observable on dissection of those who die of measles, are confined principally to the lungs and intestines. The lungs always show strong marks of inflammation, and occasionally a tendency to sphacelus. The trachea and larger branches of the bronchia are often covered with the eruption, as in small-pox, when the patient dies under it, which accounts for the increase of cough after the eruption appears.

Treatment.—In ordinary cases of this disease, the indications are to moderate the accompanying synocha fever, and attend to the condition of certain organs, particularly the lungs and bowels. When there are no urgent local symptoms, it will be sufficient to keep the bowels open, and encourage diaphoresis by sage, catmint, or chamomile tea, lobelia, ipecac, or antimonials, avoiding too free or sudden exposure to cold. Warm bathing is also highly beneficial, especially when the eruption has been imprudently checked, which produces much distress. Should inflammation of the lungs or pneumonia occur, more active evacuations must be produced, by lobelia, ipicac, or the antimonials, for the stomach; may-apple and manna-jalap, rhubarb, &, for the bowels; while active sweating should be produced by the best diaphoretics and warm bathing. Dry cupping and counter-irritation over the region of the diseased portion of the lung would be of much benefit; and in some cases, reasonable blood-letting might give speedy and permanent relief. The cough may be benefited by expectorants, and demulcents combined with opium; and an emetic will benefit it when there is much wheezing. Where diarrhea takes place, it is best not to attempt to suppress it at once, but moderate it, if troublesome, by small doses of opium, astringents, alkalies, and bitter tonics, or stomachics. Much attention is often required at the decline of this disease, to prevent phthisis pulmonalis; and when hectic symptoms appear, nourishing diet, antiseptics, tonics, and stimulants should be immediately resorted to.

REMITTENT FEVER.

BY WM. G. ELDER, M. D.

In a large proportion of cases of remittent fever in the West, they are sick a week or two before a physician is called in, and have taken emetics or purgatives, and sometimes both. In a large majority of these cases, the skin is dry and harsh; the tongue red on the tip and edges, with a dry, dirty fur along the middle and back part; the head and back moderately painful; the pulse quick, soft, and easily compressed; the mind often wandering during the hight of the febrile exacerbation; the bowels sometimes moderately tympanitic, with slight tenderness to firm pressure, or they are very flaccid and empty; the urine scanty and high colored; the fecal evacuations thin, dark brown, numbering from two to six in twenty-four hours; and the febrile remissions imperfect.

In such cases I have occasionally found full doses of quinine and opium to operate favorably, allaying the manifest irritation of the mucous surfaces, and inducing copious diaphoresis; but in far the larger number of instances, they serve only to increase the dulness and tendency to delirium, without improving any of the symptoms; while cathartics aggravate the intestinal irritation, without the slightest control of the fever.

N. S. Davis, M. D., from whom I believe I received all the subject matter of which I now write, a number of years ago, says he had then for six months commenced the treatment of such cases in the following manner, viz.:

℞ Oil turpentine,	ʒij
Acetum opii,	ʒij
Gum arabic,	ʒiij
White sugar,	ʒiij

Rub together thoroughly and add water ℥ij

Give one teaspoonful every three or four hours, with three grains of sulph. quinine added to each. If the patient bear the quinine well, or if the pulse be quite feeble, with more frequent evacuations from the bowels, give the emulsion without the quinine, and between each dose give fifteen or twenty grains of chloride of sodium, combined with one grain of pulverized opium.

This, with the regular administration of animal broth for nourishment, and occasional blisters on the abdomen or chest, as the signs of local disease may indicate, generally produces a rapid improvement in all the symptoms; and by continuing the same medicine at longer intervals, with more liberal diet, the cure will be complete in from one to three weeks.

In all these cases there are two important sources of danger. The first consists in depressing the elementary vital forces too low, and thereby inducing a true typhoid condition of the system. The second arises from the development of local complications, of which inflammation and ulceration of the mucous membranes of the intestines are by far the most insidious and frequent during summer, and pneumonia and bronchitis in winter. And the practitioner cannot study with too much patience and accuracy the indications or symptoms that point early to the development of either of these results.

But two great objects or indications must be kept constantly in view by the western practitioner, in treating all the forms of continued fever. The first arises from the essential and primary morbid condition, consisting in a depressed or impaired state of those elementary properties of all the living tissues, called by physiologists irritability or susceptibility, and tonicity. To elevate and sustain these elementary vital properties, and thereby restore a healthy degree of activity to all the organization, must be a leading object with the rational practitioner. I have found no remedies more efficient for this purpose, in these cases, than the chloride of sodium in doses of from ten to twenty grains, and terebinthinate preparations, aided by the judicious and regular administration of animal broth for nourishment. If, in extreme cases, more diffusible stimulants are required, I greatly prefer carb. ammonia and camphor to the alcoholic beverages.

The second great object is to guard against the development of local complications, and to remove them when already present. To accomplish these purposes, alteratives, anodynes, laxatives, fomentations, counter-irritants, and tepid affusions may all be required in different cases, or even in different stages of the same case.

In dysentery of a distinct typhoid state, which raged in Southern Illinois in 1853, and where, before calling in a physician, they had taken more or less evacuating medicine, the treatment consisted chiefly in the administration of the turpentine emulsion, with acetum opii, as already given, repeated every three or four hours, with a powder composed of chloride of sodium fifteen grains, and opium one grain, between each dose, and the regular use of animal broth for nourishment. Injections of cold water and laudanum were also frequently used, and sometimes a blister over the abdomen. Some of the cases were complicated with intermittent fever; this is often the case here in the West. Such cases yielded readily to the emulsion, as before directed, to each dose of which were added hydrastin three grains, and quinine three grains.

Keep the body perfectly pure as an indication of purity of the mind within.

POST MORTEM EXAMINATION.

BY J. C. B. WHARTON, M. D.

On the 25th of February last, in company with Drs. Carley and Altman, I made the following *post mortem* examination upon the body of Mr. B., who was about fifty-five years of age.

The thoracic viscera being first exposed to view, at least two-thirds of each lung presented much the appearance of a liver having been for several days exposed to the action of a warm, putrescent atmosphere. The air-cells of their lateral and posterior portions were completely obliterated by a suffusion of devitalized blood. The respiratory functions had doubtless been carried on for some days by the anterior thirds of each lung, the remaining portion, as above stated, not having been in an ariable condition. In the posterior portion of the left lung, there were adhesions to the extent of one and a half inches square; in the immediate neighborhood of which, there was a deposit of numerous small calculi from the size of half a pea down; this deposit was in the substance of the lungs. The heart was found to be very much atrophied, being little if any over two-thirds the normal size. Otherwise it was apparently in a healthy condition.

We then advanced downward to the abdominal region, and proceeded to examine the stomach and its contents. And it was here that the most extraordinary development was made. On cutting through the walls of this organ, we discovered that it was occupied by a large and peculiar tumor. Its size was from four to six inches in diameter, of a globular shape, and covered by a thick, dense membrane. The tumor was fastened to the internal surface of the stomach by extensive adhesions. We cut into the tumor, and found its contents to be as extraordinary in character and consistency as it was in size. A circumscribed portion of it contained a mixed substance resembling in appearance a liver finely hashed and mixed with blood. Another substance which it contained resembled old cheese, which was in the form of numerous small pyramids, the base of each being fastened by adhesion to the internal surface of the membrane, their respective apexes pointing uniformly to the common center. There being, therefore, considerable space left, as will be seen by a glance at the peculiar shape which was assumed by the substance last referred to, the inquiry would naturally arise as to what kind of material filled it. This interrogatory admits of a much more easy reply, however, than many others that might present themselves with regard to this extraordinary case, from the fact that some substance very analogous to that described, in view of all the circumstances, would most probably occupy this position. The remaining contents of the tumor were, therefore, although a fluid, a mere solution of the cheese-like substance composing the pyramids previously spoken of.

In that part of the stomach not occupied by the adhesions, there was a small body very much resembling in consistence and shape a spleen; it was, however, much smaller. Whether it was attached to the stomach by inflammatory adhesions, or otherwise, is not now remembered. The spleen proper was so completely atrophied as to have reduced it at least seventy-five per cent. The mesenteric glands were almost totally destroyed. The small bowels were extensively deprived of their proper surroundings. The investigation of the case was here discontinued.

SYMPTOMS. — The symptoms attending this man's illness had been by no means alarming to the ordinary observer. About twenty years ago, he was attacked by severe vomiting, during which, if my memory serves me correctly, there was considerable blood ejected. But, having strained very much in his efforts to vomit, the matter was regarded with indifference. His health remained precarious for the space of a year or so, during which time he was occasionally attacked by these paroxysms of vomiting, attended with a degree of pain in the stomach, and considerable emaciation. But at the end of that time, he began to go about his farm again, and to do light labor, his health seeming to be pretty good; and although he was not able to perform hard labor, yet he continued to work more or less on his farm until six or eight months previous to his death.

The tumor was discovered, however, some eight or nine years ago. Its size being somewhat fluctuating, at times apparently larger and at other times smaller, the food seeming to digest pretty well, and the appetite for it pretty good, this occurrence was also passed over as a matter of minor consideration, until about (as before remarked) six months previous to his decease. The tumor then began to attract more attention, and to excite some alarm. It assumed more the appearance of permanency in bulk, and began to increase in size. The pain also, in the epigastrium, became more persistent, and at times was very acute. The digestive apparatus began to show the most decided symptoms of derangement; the food passed off much as it was swallowed. Alternate constipation and diarrhea supervened. Occasionally severe attacks of vomiting were experienced, accompanied by severe paroxysms of pain. The dejections from the stomach were small quantities of muco-purulent fluid. The urinary secretions were materially disturbed, being larger in quantity at times, and much changed in quality. It resembled very much the ejections from the stomach—was perhaps more fluid, and contained flocculent masses of mucus.

The subject of the foregoing narrative, although very much emaciated and quite anemic, continued to help himself, and could get up and down with considerable facility, to all appearance, until within a very few hours of his death. When the examination was made, the tumor was found to be perfect. No rupture having been discovered, it was not supposed to have been the immediate cause of his death, but the remote; having doubtless been the exciting cause of the multifarious pathological conditions for which the case was peculiarly distinguished.

ARE CATHARTICS BENEFICIAL IN THE FIRST STAGE OF BILIOUS OR PERNICIOUS FEVER?

BY THOS. F. RUMBOLD, M. D.

This may seem rather an unimportant question to some of the medical profession, but to me it is of vast importance, for I have seen such deleterious effects follow the use of cathartics in the first stage of this disease, that it induces me to ask the above question.

In the West, and especially on the Mississippi river, the disease is so prevalent, that the most successful treatment should by all means be made known. I do not wish it inferred from this that I have found the best mode of treatmant for the above disease, but I wish to give my knowledge and experience, so that it may be corrected or approved by the anxious and studious physician, who has always the welfare of his patient and the advancement of medical reform at heart.

The surface of the body, when found by the attending physician at the first call, is invariably exceedingly warm, dry and husky, sometimes of a yellowish tinge; the bowels somewhat extended, occasionally full and hard, there having been no alvine action for from twenty-four to forty-eight hours previous—just the very symptoms the old school think indicate calomel, which, if given, will produce a very distressing diarrhea, which, if not checked soon, causes the disease to assume a more malignant form. If, instead of the calomel treatment, the patient is given the comp. cath. pills of the Eclectic Dispensatory, the result is nearly the same, but not of such a compound nature, there being no salivation nor mercurial sores to treat, after the disease is checked. I never saw a patient recover under such treatment any faster than if the case had been treated by calomel, with the exceptions I have stated, *i. e.*, salivation and mercurial sores. They always have a longer convalescence, with a "weak stomach and pain in the small of the back," as they express themselves, showing that the stomach, bowels and kidneys were inflamed by the cathartic, when the system was under the fever, which caused them to be more than at other times susceptible of injury. I have seen cases quite as bad, and some a great deal worse, recover in from one-half to one eighth of the time, where the popular cathartic was not given, or at least not until fever was entirely gone, and the system left in a loose and lax condition, which can be brought about in from twelve to twenty-four hours, when taken at the first start, but, if neglected, in from twenty-four to forty-eight hours in the most; then the bowels will, in nine-tenths of the cases, operate, bringing away bilious evacuations without the cathartic. The kidneys and all the secretory organs will come into action at once, and when convalescence comes on, recovery is quick, without that "weak stomach and back," or any other constitutional difficulty. If the cathartic is demanded, which is seldom the case, it can now be given without that mischievous effect that before attended it, for the system is free from the liability to irritation which it labored under when burdened with the fever.

I will now give a few cases as illustrative of what I have asserted.

Nov. 12th, 1856, I was called to attend Albert J., aged 26; found the pulse 120 per minute; had been complaining for a week previous of a loss of appetite, and indisposition to do work. He had some of our comp. cath. pills, that he got from me some time ago, and had taken six of them, one morning and evening, which produced very copious evacuations of a dark brown color. But the fever increased along with irritability of the stomach and bowels, the latter being very painful and hard, with all the symptoms that usually attend such disease greatly aggravated. Had it not been for the best of care from his physician and friends, he would not have recovered at all. He was confined to his bed for sixteen days, and was too weak to do work for three weeks after that.

The next case of that kind on my "medical docket," is James W., aged 30, who had for some time previous, complained of the usual pains and ills that indicate the approach of bilious fever. He called a physician, who gave him a dose of calomel, which operated "firstrate," as the doctor told me, but the fever increased, with all the other symptoms that usually attend, plus salivation. I was called Nov. 22d to attend him. In the first place, I had to check the diarrhea, and then proceed to treat a really aggravated and prolonged case of pernicious fever. At the end of twelve days, he had mercurial sores on different parts of his body, which were not all healed up for three or four weeks.

I might give 27 more such cases which have come under my care, but it is useless to repeat them, for they are all alike.

Now I wish the reader to take notice of the difference of success in the different modes of treatment, which I take from my every day practice.

Nov. 12th, the same day that I was called to see Albert J., I got notice on my slate to bring medicines for Michael McF. aged 22, who they stated had the ague. When I arrived at the house, I found his pulse 130; had eaten scarcely any thing for over a week; had pain in his "bones," as he termed it; had not had any operation from his bowels for over twenty-four hours; they were full, but not painful; skin of yellowish tinge, dry, and exceedingly warm; eyes yellow also; had shocks of chill and heat every time he exerted himself. A more desperate case of bilious fever I never saw.

I at once ordered his body to be washed all over with one gallon of rain water, having dissolved in it one tablespoonful each of salt and saleratus; then left the following medicine for him, directing him to use all the water he wished to drink, but in small quantities, so as not to produce any sickness or irritation of the stomach.

℞ Chloroform, ʒss
Gelseminum, ʒj
Tinc. veratrum viride, ʒj. M.

Dose gtt. v, one to be given immediately, another in half an dour, then a dose every hour, so as to keep the system under its influence; its effect will be felt in from one to two hours after the first taken. This is the best compound I ever saw used; it quiets the nervous irritability of the system, subdues the excessive action of the heart and arteries, relieves the tensity of the muscles, and brings on a nice, pleasant perspiration, which is so much enjoyed by the patient, and desired by the physician.

I called on him at 8 o'clock, P. M., four hours after I first saw him, and found him enjoying the effects of the last medicine; then left him the antiperiodic.

℞ Sulph. quinia, gr. xiij
Ferri phos. gr. ij. M.

To be divided into five doses, one to be taken every two hours, commencing at 4 o'clock next morning—directing the use of the "anti-fever drops" as before.

At 9 o'clock in the morning of the 13th I called again, and found him entirely free from fever, but very weak. During the night perspiration was very profuse; the yellow tinge of his skin had almost entirely disappeared, so had all the other symptoms. His bowels moved after taking the second anti-periodic, bringing away a large quantity of bilious matter, which was extremely fetid. Ordered the "anti-fever" drops to be given all the day, so as to keep him under their influence. At night I left him a second course of anti-periodics, to be given next morning, still directing the use of the "anti-fever drops."

I called again on the morning of the 14th, and found him much stronger; had no return of the fever; bowels and kidneys performing their proper functions. Directed him to use a pint of gin bitters; dose, one tablespoonful just before eating. Called in the evening; found that he had set up in bed a greater part of the afternoon; left him one dose of the anti periodic, to be taken next morning, and to continue the use of the gin bitters until all of the pint was used. His recovery was very rapid, and he was not at all emaciated, as is very common when they are treated by the first use of the cathartic. Cases of this kind of success might be repeated, but it would only take up time and room.

I do not wish it understood that I follow this mode of treatment "empirically," but, as a general thing, it will do in all cases, whether of a billious intermittent or remittent character; where the disease assumes a more malignant form, then stimulants are required in connection with the above treatment. If the patient, when first found, is trying to vomit, and it is thought that the stomach is full of lately taken food, then a teaspoonful of common salt in a teacupful of blood-warm water, will be a quite sufficient emetic. Emesis should not be provoked any more than catharsis. It will also cause irritation. If the patient is found with the diarrhea, then check it, and proceed as if it had not happened, but convalescence will be longer delayed than if there had been none.

SCORBUTUS AND ITS TREATMENT.

BY J. H. HENNING, M. D.

This disease prevails chiefly in cold, northern countries, especially in damp situations, frontier settlements, and near marshes or large quantities of stagnated water. Sedentary people of a dull melancholy disposition, are most subject to it.

The scurvy is occasioned by cold, moist air, altered and depressed state of the blood, salted animal diet, to the exclusion of succulent vegetables, or any kind of food that is hard of digestion, and furnish little nourishment for the system. Suppression of customary evacuations; neglect of cleanliness; want of proper exercise; confined air; or anything that vitiates the humors of the system, may have a tendency to produce the disease.

SYMPTOMS.—The first notable symptoms are, paleness of the countenance, fetid breath, unusual weariness, and sometimes difficulty of breathing, especially after motion. The patient complains of lassitude, sore mouth, and general debility. The gums become spongy; ulcers make their appearance, which often bleed; hemorrhage sometimes takes place from some of the natural openings, especially from the nose; œdema of the legs, ankles, and sometimes the arms, frequently takes place, which are generally attended with livid, yellow, or violet-colored specks; they are in patches, and the muscles feel hard and firm. Pains are manifested in various parts of the body, especially in the bones, breast, and often in the bowels. Sometimes a dry, scaly eruption appears all over the body. The pulse is slower than natural, and feeble throughout the course of the disease. The bowels are generally constipated, tho' in some cases, diarrhea, but it is not often the case. Slight scratches of the skin are difficult to heal; old wounds reopen and become painful. Appetite is generally very good, and a great desire for acid food, and vegetables. Such is the usual character of the malady; but there is sometimes presented a complication of it with other forms of disease. For instance, women in the puerperal state, exhausted by lactation, and restricted in their diet, become tainted with the disease, which generally requires a close diagnosis by the practitioner, for a successful treatment of his patient. Defective nourishment, if long continued, causes general weakness of the functions, and wasting of all textures, except those of the nervous system. The muscles become thin and flabby. And finally the blood becomes thin and easily extravasated. For we find potash to exist in large quantities in the ash of muscle, and soda in small quantities; and in the ash of blood the relation is reversed. The muscular system requires the presence of potash, and when there is a deficiency of this base, the effect is soon manifested in the functions of the system; this we find to be the case in scorbutus.

Treatment.—In the incipient stage, but little medical treatment is required, only removing the cause, and a change of diet. But when some of the most noted symptoms manifest themselves, as pains in the bowels, breasts, bones, and sometimes hemorrhage, prompt and judicious treatment is absolutely necessary for the welfare of the case. If the patient is residing in a cold, damp, atmosphere, he should be removed as soon as possible to a dry and warm one. Cleanliness must be observed; the patient should be bathed in cold water and a small quantity of vinegar, once per day, with rubbing and friction. Internally,

℞ Hydrastis canadensis, ʒj
Citric acid, ℈ss
Water, ℥viij. M.

Dose, ʒj every four hours. Use the same as a gargle for the mouth and throat three times per day. The bowels to be kept in a soluble condition, to have at least one motion per day, by the the comp. cath. pill. As an alterative:

℞ Syrupus rumecis comp. Oj
Iodide of potassium, ʒss. M.

Dose fʒij three times a day, in a little water; to be taken throughout the course of the malady, until every taint of the system is removed, and the patient entirely well. (For formula of syrup and pill, see *Am. Ec. Disp.*) Use a farinaceous diet, such as potatoes, milk, cabbage, with vinegar as a condiment, and other vegetables; and fresh meat should not be withheld, but salted meat must be avoided. In conclusion, I will report the following case taken from my note-book.

Case.—G. M., aged 28 years, a native of Ireland. I was summoned to see him, May 15, 1856. He had the scurvy for the last six months, but was only confined to his room for the last few days. He is living in a low, marshy district, damp air, house not ventilated; did not change his apparel for two or three weeks; being a poor man, he remarked that he had nothing to eat but corn bread and salted meat. The symptoms were, fetid breath, gums spongy, which would often bleed, general debility, pain in the epigastrium, and sometimes in the breast, bowels constipated, tongue slightly furred, pale countenance, pulse sixty, small in volume and feeble; œdema of the right thigh and leg, and somewhat contracted, accompanied with a livid, hue color; could not walk across the room without a cane or crutch.

Treatment.—After the patient was removed to a healthy locality, I ordered,

℞ Hydrastis canad. ℥j
Citric acid, ℈j
Water, ℥x. M.

Dose fʒi every three hours. Gargle the mouth and throat with the same three times per day. Take one com. cath. pill every night, until the bowels are more regular. Bathe the surface in cold water and vinegar, once per day, with rubbing and friction. Also take the following:

℞ Syr. rumecis comp. ℥iv
Iodide of potassium ℈i M.

Dose fʒii three times per day, in a little water. Use a farinaceous diet.

May 25.—Has improved well under the treatment; thinks his leg is not improving very fast; but can walk pretty well with a cane; gums look better; bowels regular; pulse stronger, sixty-five per minute; continue the treatment, except the pills, when needed. For his leg:

℞ Olive oil ℥v
Tinc. hydr. can. ℥iv
Tinc. camphor ℥ii M

Bathe the leg three times per day.

June 3.—Is nearly well; continue using the syrup as before; omit the other treatment, except the bath twice per week.

June 10, discharged cured

Part 2—Progress of Medical Science

TOPICAL APPLICATION OF NITRATE OF POTASS IN CERTAIN ERECTILE TUMORS.

"In 1814," says Dr. Mangenot, "I was brought to see a little girl affected with a congenital cutaneous nævus, which had disappeared under the influence of frictions with nitrate of potash, recommended by a person unconnected with medicine. Curious to verify for myself this curative effect of the topical action of this salt, I did not hesitate, the treatment being inoffensive, to make the attempt upon my own child, who had a similar lesion. This tumor, situated at the right commissure of the lips, presented at birth only the volume of a grain of hemp-seed, but it had developed itself by degrees, and presented, at the moment when I undertook the trial, the volume, form, and color of a raspberry.

"The following is the mode by which I went about it: During the sleep of the child, the mother, after having moistened her finger, plunged it into the powder of nitrate of potash, then rubbed the tumor rather lightly, in order not to awaken her child. Under the influence of this friction there formed a small bulla, resembling in every point that of *herpes labialis*, under which the tumor had collapsed. After the fall of the escharified epidermis, the skin, from the deep red it was previously, had assumed a rose-tint; but as there still remained a few small vessels on the surface of the cicatrix, and as besides the edges of the tumor were prominent, I repeated the frictions. At the end of eight days there remained nothing more than a cicatrix, which has gradually become effaced.

"The same results have been obtained in four other new-born children having nævi occupying the face.

"Lastly in a child, aged twelve, the tumor, of four *centimetres* in diameter, occupied the shoulder, and the friction of the chemise caused a sanguinous oozing therefrom. After two months frictions practised with the nitrate in powder, there remained only a cicatrix presenting a slight depression of the cutaneous tissue."—*Bull. Gen. de Ther.*

Removing Tumors.—Dr. Simpson's plan of operating on tumors is to introduce a hollow acupuncture needle or very small trocar into the tissue of the tumor, and inject a small quantity of chloride of zinc, perchloride of iron, creosote, or some other irritating solution. The effect of this operation is to destroy the vitality of the tumor, and allow it to be separated by a process of enucleation.—*Med. Times and Gazette.*

FOREIGN CORRESPONDENCE.

From the N. H. Medical Journal.

PARIS, *Jan.* 27, 1857.

DEAR DOCTOR:—I wrote you a long letter from Edinburg, and one from Dublin, and will now commence where I left off. I went directly from Dublin to London, where I had a busy, bustling month of long walks and omnibus rides, to find hospitals; through mud, fog, thick smoke, and but little sunlight.

I escaped from London as I would from hypochondria. Many times after spending a long time to get to the operating theater,—"*Ah! no operation to-day.*" But by perseverence and much hard work, I managed to see their best men operate, viz, Erichsen, W. Jones, Ferguson, Lee, Birkett, Stanley and Paget; and was fortunate enough to see Erichsen get nicely puzzled in an operation for stone in the bladder. Neither he nor three of his assistants who tried, could feel the stone with the sound. It passed easily, and as its point could be felt above the pubes, he proceeded to operate. He cut down upon the grooved staff. and muddled away a long time, but could find no stone, and concluded he was not in the bladder, took out the staff, introduced a small sound, cut down to it, entered the bladder, and brought out the stone. Turning to the class he said, "This is one of those accidents that will sometimes happen to the best of Surgeons; I cannot explain it; I do not understand it." All the sounds, catheters and staff, had of course entered a false passage. The patient was a boy, 6 years old, from the country, where, Mr. E. says, the false passage was made by those who had examined him. Mr. E. supposed the case was without a precedent, but the next day heard of some obscure person who had done the same. I saw the boy two days after, when he was suffering much from peritonitis, and will doubtless die from the mistake.

I saw Mr. Ferguson operate several times; once for lithotomy. After the operation he brought out his box containing the 42 stones which he had extracted,—a vanity common to lithotomists, I believe.

I saw Dr. Snow administer his new Amalyne in three cases. It operates admirably. The patient is conscious enough to see all that is going on, without feeling any pain or apprehension, not even a moan, which we so often hear from the first cut when chloroform is used. In each case the patient got off the table and walked away immediately after the operation was finished.

I arrived in Paris, Sept. 20th, and am in perfect raptures with it; but more of Paris in my next. Yours truly.

J. B. GREELY.

CITY OF PARIS, 1*st Feb.*, 1857.

MY DEAR DOCTOR: — Before leaving home I experienced much difficulty in obtaining such information as I desired regarding the medical opportunities of *Paris.* I therefore formed a resolution in my own mind, that after having become thoroughly conversant with the schools, &c., here, to attempt a slight description of them, that would be useful to those persons who intend to visit Paris for the purpose of prosecuting their medical studies, and now after having spent some six months among the hospitals of Paris, I feel more than ever inclined to carry out my resolution. I am sure that many of the *young men* in the "*States*," who, after obtaining their diplomas, plunge directly into the practice of medicine, would hesitate before taking this almost fatal step did they know the immensity of the field here for medical and surgical observation, the free and liberal manner with which it is dispensed to all, particularly to "*Americans.*" It is to these young men that I would address this letter, detailing such facts only as appear to me more important for one just entering Paris, to perfect his medical education.

"*Paris*" is the great intellectual center, not only of France, but of the European continent and of the world; from its prolific press the most valuable publications are constantly issuing; it takes the lead in scientific research and discovery, and has every claim to be considered a magnificent and wonderful city. Its superb and beautiful collections of ancient and modern art, are with a noble spirit of generous liberality thrown gratuitously open to foreigners at all seasons. In every branch of knowledge lectures are delivered gratis by the most eminent professors, and the stranger who has paid the least attention to the fine arts, becomes, on arriving in Paris, in some measure identified with them. Even the public amusements are of a nature that tend to the improvement of the mind and the advancement of civilization. But amid all its institutions, that of *Medicine* stands out—as it should—first and foremost. It has outlived all opposition, and attained a perfection almost incredible. The lives of such men as "Dupuytren" and "Louis" have not been in vain. They not only helped to place the science of medicine on a firm basis, but have left behind them that laudable spirit of ambitious emulation, that *shall* go on working out new wonders, and enrolling new names among the benefactors of mankind. And it is here, near the ashes of these great men, that one feels more than ever "the will to do, the soul to dare."

The expense of a medical education in Paris is trifling, compared with that of other European schools. All the lectures at the "Ecole de Medicine," and most of them at the "Ecole Pratique," are public and gratuitous; nor is any payment required for hospital attendance. A medical library, containing upward of 30,000 volumes, and an immense museum of comparative anatomy, are daily open to the students. Gratuitous lectures are also given at the "Jardin des Plantes," the "College de France," and the "Sorbonne," on subjects relating to medicine. The study of anatomy and operative surgery alone would almost pay one for a six months' stay in Paris. By the payment of twenty-five francs, a supply of subjects for the whole season is secured, with instruction and daily demonstration. To take advantage of the hospital practice, you must have made up your mind to forget comfort and pleasure; for the visits of the professors are made before eight o'clock in the morning, and it is necessary to rise as early as half-past six. And as you can only live near one hospital, you will sometimes have to go two or three miles to attend the service of some favorite professor. Great advantages are offered in the study of special pathology; hospitals being set apart for patients afflicted with diseases of the skin, those peculiar to infancy and old age, scrofula, calculus, syphilis and mental derangement. In no other country will the student have equal opportunities of observing these affections. A whole season may indeed be well spent in Hospital "St. Louis," one of the largest in Europe, and chiefly dedicated to cutaneous and scrofulous diseases. The study of the diseases of women is more practiced than in any other city in the world, owing, I believe, to the absence of all modesty (whether false or otherwise) in the French women; they resign themselves wholly into the hands of their physician, and allow themselves to be stripped naked, and a diseased part examined, though the bed is surrounded by students. In labor the patient is wholly uncovered for the benefit of those around, and I have often seen more than fifty students watching this process of nature. How many of our American women would be thus willingly exposed? I am proud to believe *not one!*

An American, whose time in Europe is limited to a year or so, cannot take advantage of all or even of more than one or two of the hospital practices, except by engaging private instruction from one of the internes of each hospital, which is the course usually adopted by Americans; though this is somewhat expensive, it is altogether the best way of getting at the French practice. A class is usually formed of four or five persons, who engage a teacher in the different hospitals, at the rate of about 200 francs per month; by this means they are enabled to visit a different hospital each alternate hour, and give their whole attention to those cases only which are interesting and instructive. Next to these, the clinical lessons of some of the specialists of Paris are the most instructive,—for instance, those of Desmarres and Sichel on the Eye, those of Cazeaux, De Paul and Pajot on Midwifery, those of Dupas and Barcus on Pathology, those of Guersant on Diseases of Children, and Bernard on Experimental Physiology, are among the most important. I mention these because they are private, and one might live in Paris a long time without hearing of them. I have met several Americans who had been in Paris a year or more, but from ignorance had not taken advantage of these valuable courses.

The expense of living in Paris is about the same as in Boston or New York, though it can be made to accommodate any extent of purse. The best part of the town for one staying any length of time is near the "Jardin de Luxembourg;" the "Hotel Cornielle," "Hotel des Rome," "Hotel des Americans," are all good houses, and not extravagant. In regard to the language I should advise one to be well grounded in the principles of the French, without even attempting to pronounce it, for he will inevitably pronounce badly, and it is much more difficult to unlearn than to learn correctly. One month among the French will do more for his pronunciation than six months' hard study at home. In deciding to come to Paris, let not the pleasures of the gay capital entice you; think not to enjoy the Opera, the Ball-Masque, or the "Cafe Concerts," for if you are intent upon the great object of your visit, you will find work enough to occupy all your time. Ay, *hard* work! This will perhaps require much firmness, much self-denial; but come prepared for it; *work!* emulate the great men you see around you, and you shall help to increase the popularity of the "American student" in Paris, while you greatly multiply your private interest. Those Americans who have been here before us have gained a reputation for industry and perseverence worthy the proud land of freedom from whence they came, and now wherever there is anything to be seen which appertains to the science, you will find the Americans. The best seats in the Amphitheater are called the "American seat," as they are always filled by the *Yankees*, who have secured them by going and occupying them long before the lecture commences. From sunrise to sunset, literally speaking, you will find the *American* engaged in the close and arduous study of his profession. His attention is eagerly turned to all the mysteries of Physiology and its concomitant sciences; he thinks not of his health; but all his mind is absorbed in that one love of his profession. You will see him where disease is making its most frightful ravages,—where infection and contagion reign supreme. You will also see him making careful explorations of those whose diseases have buffeted human skill. Come, then, ye who have youth and strength on your side; come with a hearty will, and help to solve this great problem of our lives (disease), which has already yielded so much to the sturdy strokes which have been and are now constantly being showered on its pitiless head. Prof. Simpson said, in his address to the graduates in Edinburg, "Talk not of the heroism of him who flies to arms at the sound of the trumpet, with the phantom of glory beaconing him onward; somewhere for him in the dim future there may be honor and power, of which he dreams that he may be the possessor, and hope whispers that he shall bear a charmed life midst the smoke and din of the battle. But it bears no analogy to the heroism of him who voluntarily gives up his life to the interest of humanity, who consents to die that others may live, and makes this sacrifice, not that he may be crowned with glory, but that he may by suffering death himself, bind up other broken hearts, and heal other wounded spirits." This, then, is the prowess, and these the noble achievements, which beacon you onward, and which are to reward you.

The Hospitals of Paris are divided into two classes; 1st, General Hospitals, which are open to all those complaints for which a special hospital is not provided; 2nd, Special Hospitals, devoted to the sole treatment of particular classes of disorders. Of both classes there are 26 in number, and the total number of beds is 17,469. A gentleman having a diploma from any of the medical schools of the United States, is admitted to these hospitals without charge. (By the way, do not forget to bring your diploma, or you may be subjected to much inconvenience, and be unable to visit the hospitals.)

General hospitals:—"Hotel Dieu," the oldest and largest hospital in the city, and being the most central, is the most frequented by students. The physicians are Drs. Legro, Heurteloup, Piedaguel, Sandras, Guerand, Grisolle, and Trousseau; Surgeons, MM. Laugier, P. Boyer, and Jobert. "Hospital Lariboisiere" is a new hospital, the finest and best arranged in Paris. Physicians, MM. Hervez de Chegion, Pidoux, Bourdon, Tardieu, and Herard; Surgeons, MM. Voillemier and Chassignac. "Hospital de la Pitie," Physicians, Drs. Marrotte, Gueneau de Mussy, Gendrin, and Becquerel; Surgeons, MM. Michon and Maisonneuve. "Hospital de la Charite,"—in charge of Drs. Bernard, Rayer, Piorry, Cruveilhier, Bouillaud, and Briguet; MM. Velpeau and Jairin are the Surgeons. "Hospital Beaujon,"—Physicians, Drs. Barth, Behier, and Gubler; Surgeons, MM. Huguet and Robert. "Hospital St. Antoine,"—Physicians, Drs. Aran and Oulmont; Surgeon, M. Richet. "Hospital Necker," — Physicians, Drs. Guillot and Bouley; Surgeon, M. Lenoir. "Hospital Cochin," Physician, Dr. Beau; Surgeon, M. Gosselin.

Special Hospitals:—"Hospital St. Louis," which I have alluded to before. Physicians, Drs. Cazenave, Devergie, Gibert, Bazin and Hardy; Surgeons, MM. Denonvilliers and Malgaigne. "Hospital du Midi," exclusively for syphilitic male patients; its Physician, Dr. Puche; its Surgeon, M. Richard, who is an American, a native of Baltimore. "Hospital Lourcine," for female syphilitic patients, under the care of Dr. Bernaitz and Surgeon Morel. "Hospital des Cliniques," appropriated to Surgical diseases and Midwifery; the Surgical department under M. Nelaton, and the latter under *Paul Dubois*. "Hospital des Enfants," as its name denotes, is devoted to the cure of diseases of children. Physicians, Drs. Bouvier, Gillette, Royer, Blache, and Bonneau; Surgeon, M. Guersant. There are many other hospitals in and around Paris, but I have not yet had time to visit them. Yours Truly,

J. B. G.

HÆMATURIA AFTER SCARLET FEVER.

BY DR. BASHAM.

Hæmaturia after scarlet fever is no uncommon occurrence; it is always associated with more or less of general dropsy, with a pasty, spanæmic appearance of the surface of the body. In the great majority of cases, it is a morbid condition, perfectly manageable, quickly yielding to judicious treatment, and only in exceptional cases either leading to, or associated with, permanent and organic mischief of the kidneys.

A question of much pathological interest arises out of the study of these cases—namely, whether the congested or impeded state of the circulation in the kidneys is mainly dependent on arrested cutaneous function during the desquamation of the cuticle, or is it evidence of the imperfect elimination of the febrile poison during the eruptive stage, and therefore a sequel to the completion thereof through these emunctories—the kidneys. From whichever point of view we study these symptoms, the condition of the kidneys is that of inflammatory congestion, and the impeded renal function demands the same remedial measures.

Of the many cases of hæmaturia and dropsy after scarlet fever that come under treatment, some have had the exanthematous fever most favorably, and its characteristic stages have been well marked, but during convalescence, have been incautiously exposed, and the proper precautions, with respect to clothing at that period, have been neglected. In these there is some show of probability that arrested cutaneous functions may suffice to explain the sequelæ of dropsy and bloody urine. But, in the vast majority of cases, this secondary condition must be accepted as evidence of the imperfect elimination of the febrile poison during the antecedent exanthematous stage, arising either from the greater intensity of the poison, or the incompleteness of the process by which it is released from or decomposed in the system.

The amount and duration of hæmaturia, as a secondary affection after scarlet fever, is very variable. In some cases the renal hemorrhage is abundant, and gives to the urine, for some consecutive days, a marked blood-red appearance; in others the presence of blood is scarcely recognized, except by a certain dusky appearance, as if a few grains of soot had been added to the urine. Nevertheless, whether the hemorrhage be trifling or abundant, there is always at the commencement of this supplemental stage evidence of more or less febrile disturbance, clearly expressing the inflammatory nature of this secondary process. Anasarca of greater or less degree of the whole surface of the body, sometimes with, more often without, serious accumulations in the abdominal cavity accompanies, most frequently precedes, the hæmaturia. The pale, pasty, spanæmic aspect of the patient is also very expressive of this disorder.

Case.—John D., ten years of age, admitted into Burdett ward, in August, 1855. This child had scarlet fever the first week in August, and from the mother's description, the eruptive stage was passed favorably, there being, however, troublesome sore throat, with external swelling of the neck. By the 14th of August, however, he appears to have been quite well. A few days since, however, his face and eyelids, were noticed to be swollen in the morning; and, on admission the following symptoms were recorded:—The whole surface of the body is anasarcus, more evident in the face and hands, and wrists, feet and ankles, than on the trunk; the abdomen is distended, dull on percusion at the flanks, and affords evidence of fluid by succussion. The temperature of the skin is higher than natural; the pulse is small and freqnent; the tongue pale and furred; the chest affords no evidence of disturbed functions. The urine which has passed since admission is of a dark, blood-red color, highly albuminous by heat, and the sediment, under the microscope, exhibiting abundance of large-sized fibrinous casts, entangling blood disks, and many free corpuscles. The little patient complains of thirst, loss of appetite, and urgent aching pains across the loins. The lumbar spaces are painful on making deep-seated pressure. He was ordered to be cupped to six ounces from the loins; to take half a drachm of the compound Jalap powder; to have a warm bath each night; and to have the diaphoretic mixture every four hours, the action of which was to be promoted by the child being clothed in flannel. The little fellow bore the cupping without flinching or crying; and two days after we find the swelling in the abdomen greatly reduced, and the general anasarca of the surface diminished. There is less heat of skin; the pulse is fuller and slower; there is no thirst; the tongue is clean; and there is some desire for food. But the urine is still highly charged with blood; and the pain across the loins remains much about the same. Brisk purging with the jalap and cream of tartar was continued; and by the end of the week a very manifest improvement became apparent. The amount of the urine began to augment in quantity, as soon as the action of the purgative ceased; but the hæmaturia continued, although less abundant. He was now dry cupped over the loins, and with considerable and immediate relief, indicated by the abatement of the pain, and the clearer and more natural appearance of the urine. Its specific gravity was ascertained to be 1·016. The dropsy by the tenth day from admission had nearly disappeared; the abdomen was natural and free from any indication of fluid; and the only vestige of the anasarca was some slight puffiness of the eyelids in the morning. The heart had been examined from time to time, and found free from any murmur. The urine at this period, under the microscope, showed fibrinous casts, with a few epithelial cells entangled therein; there were also a few scattered blood-disks. The appearance is well illustrated in a drawing made at the time; the casts are all large sized, very granular, and within this mould, as it were, are many epithelial cells. Another drawing was made from the examination of the urine, when the child was first admitted, and there the casts were of the same character, with this difference, in these latter only blood-disks are visible; none of the granular epithelial cells of the tubes are visible; so that it would appear that, in the early stage, the microscope reveals a state of simple hemorrhage, the casts of the tubes being the blood coagulated within them. Later in the disease an exudation of the epithelium of the tubes becomes abundant, and may, if unchecked,, lead to serious embarrassment of the renal function, and permanent organic mischief in the kidney. With good management, however, this condition may be averted.

By the fourteenth day material improvement had been effected; all traces of dropsy had disappeared. The appetite was good; no thirst; amount of urine natural, but it was still albuminous. There was, however, that peculiar pallid look, that evidence of an impoverished state of the blood, which is so universal in this disease, and which tells so forcibly of the morbid agencies that, from the primary exanthematous fever to the secondary febrile state with renal hemorrhage, had been continuously deteriorating this fluid in its most important constituent of red globules that the propriety and even necessity for the administration of chalybeate medicines must be apparent. He first took the citrate of iron; but a week afterward the urine continuing albuminous, and the microscope still exhibiting blood-disks and fibrinous casts, this form was changed for the tincture of the sesquichloride which he took for a fortnight in ten-minim doses. It cannot but have been remarked by you how rapidly the child improved in appearance: how soon, after taking this most valuable of all the preparations of iron, his countenance, and the surface of the body generally indicated an improved quality in the circulating fluid. Before he left the hospital we had the satisfaction of finding that the urine was quite free from albumen, and that beyond a few isolated and scattered epithelial cells the urine presented no morbid state under the microscope.

"I have," Dr. Basham proceeds, "only a few words to add respecting the period at which in these cases it is proper to put the patient on steel medicines. Your best guide is the presence or absence of febrile disturbance; so long as there is thirst, anorexia, a quick pulse, and hot skin, febrifuge medicines and local depletion are clearly indicated; but with the subsidence of these, no time should be lost before the influence of ferruginous remedies should be tried, and generally in these cases of renal hemorrhage and albuminous urine you will find the sesquichloride the most efficacious and best adapted for this class of disorders.

"This case has illustrated the chief features both of symptoms and treatment, of the hæmaturia and dropsy after scarlet fever. They may be summed up as follows: —Anasarca of the surface, ascites, scanty urine, renal hemorrhage, albuminous urine, with symptoms of febrile disturbance. The principles of treatment were to alleviate the local congestion and impeded functions of the kidney; to lessen the febrile excitement; to promote the action of the skin; and for a time, while the inflammatory congestion of the kidneys continued, to husband the renal functions, and by active hydragogue purges to cleanse the system of the accumulated fluid which the embarrassed kidneys were inadequate to excrete; and, lastly, when the results had been favorably accomplished, to supply the functions of assimilation with a constituent all-important to the impoverished blood, and which, co-operating with animal food and well regulated diet, soon carried the little patient to a satisfactory convalescence.—*London Lancet.*

TREATMENT OF LARYNGISMUS STRIDULUS BY PARTIAL NARCOTISM.

"If," writes Mr. Paget, "we have been correct in fixing upon teething as the one exciting cause of laryngismus stridulus; correct also in concluding that it becomes operative only through the excitability which is natural to infancy, but obtains in an exaggerated degree in certain individuals, it results that after the removal of the exciting cause, and taking care that no irritability of the visceral nerves shall add fuel to the fire; in fact, after lancing the gums, effecting a clearance of the bowels, and contriving a prescription, dietetic and medicinal, for the correction and preventation of acrimony in the bowels, we are left to what I believe to be our most important object, namely, the subjection of nerve-excitement by means of narcotics; we are left, in short, to deal with the mainspring of the disease, its predisposing cause. Upon the narcotic to be used, upon the mode of giving it, or the dose required, I need lay but little stress, especially since it is well known how varied is the susceptibility of individuals in reference to this class of medicines. Suffice it to say, that the drug I have most used is opium; that, begining with small doses, and cautiously regulating them according to their effects, I do not stop short of producing a constant drowsiness and some slight pallor; that when this state is obtained, the paroxysms decrease in force and frequency, the infant is calmly sleeping its day away, no longer devil-torn, nor are its friends racked with anxiety; and that when the paroxysms have failed to occur for some forty-eight hours, which will usually happen in from three to six days, the drug is gradually withdrawn, the quantity taken off each dose being immediately restored if the attacks show the slightest disposition to encroach again. I may say, also, that to attain to the required effect I have usually been obliged to give to children four or five months old (the age at which the disease most commonly, perhaps, invades) from one to five minims of tincture of opium in a dose with four or six of sal volatile two or three times a day; or if in enemata, five to seven minims.

"The principle, then, I would enunciate as the object of treatment after the more obvious ones, the removal of all causes of irritation, is the quieting of nerve-excitability—the drowning of hyperæsthesis in a guarded, gentle, yet decided narcotism. I think it probable I may find that there is nothing new in the treatment itself; that, in fact, others have for years pursued the same. It seems to myself so obvious a course that I should be almost surprised to find that it had struck me alone as the proper one. It is, however, the first time, so far as I know, that this principle has appeared in public.

"I have depended upon it for the period of twenty years and more; I cannot add, without losing a case; but I can say that it has saved many, or seemed to do so; and with the strictest investigation memory is capable of affording, I see no reason to doubt its safety, its efficiency, or the prudence of continuing it. I therefore adopt it in every instance that presents itself.—*British Med. Journal.*

TREATMENT OF CHOREA BY SPLINTS.

"On the 19th of December, 1856," writes Dr. Monahan, "I was requested to see Master S., æt. 13, who for the last two or three days was suffering from involuntary and tremulous motions of almost all the voluntary muscles. The parents being greatly alarmed, a consultation was agreed upon. With considerably difficulty the boy was taken to Dr. Stokes. He and I arranged that the usual anti-choreic medicines should be tried; in addition, the patient had the benefit of country air and tepid shower-baths. The remedies recommended were regularly administered for over three weeks, by an experienced nurse, without any amelioration of symptoms. I then had recourse to splints; the night they were applied the boy slept well; and on their removal in the morning, there was scarcely any involuntary motion of the muscles observed. By using the splints for a few days and nights, the boy was restored to convalescence. The relief obtained by their use was so sudden and striking, that neither the parents or patient could be induced altogether to dispense with them, lest the disease should return. The above is the only case of chorea in which I have used splints; they proving efficacious, after the failure of the usual remedies, induced me to report this case."

Dr. Monahan also refers to a former case, treated in the same manner and with the same results, of which the particulars are given in the "Dublin Hospital Gazette" for December 1st, 1855.—*Dublin Hospital Gazette.*

TWO CASES OF TONIC SPASMS IN THE HANDS AND FEET.

On the 12th of July, 1854, Dr. Tobiesen was called to see two little boys, living at a short distance from Farsund, in Denmark, who were stated to be suffering from convulsions.

Case 1.—The boy, A—, æt. 8, in bed, crying, with pains in his hands and feet. His hands and fingers were in a state of constant flexion, and the flexors were tense and hard. On any violent attempt to extend them, painful contractions came on in the flexors; but he thought he felt relief from moderate extension; and therefore, kept his father beside him engaged in this manœuvre. These more violent and painful contractions occurred spontaneously, at shorter or longer intervals, from a few minutes to half an hour, and again passed off in the course of from five to ten minutes, leaving behind them, however, a tonic contraction of the flexors. The feet were adducted, the toes were inflected, and the muscles of the calves of the legs were hard and tense. All these muscles, thus in a state of tonic contraction, were subjected to the same painful contraction as the hands, but with, some variation, thus:—At one time the limbs were all contracted together; at another, a foot and a hand; again, both hands or both feet; again, one foot or one hand alone. The power of motion was in other respects unimpaired, that is to say, there was no paralysis, and the sensibility was normal, unless possibly it was slightly increased. The temperature of the hands and feet was normal. During the painful contractions the respiration was labored, as was evident by long, asthmatic inspirations; the countenance acquired an anxious expression, somewhat indicative of suffering, but otherwise presented nothing striking. The temperature was normal; the pulse regular, not feverish; the color of the face was natural; there was no injection of the eyes, nor any heat of head, and consciousness was perfect; the voice and deglutition were natural. No abnormity was found on examining the spine; there was no pain on pressure of any vertebra; motion was free in all directions, and was unattended with pain; the tongue was clean; there was no thirst; the appetite was tolerable; the bowels were regular, and there was free evacuation of clear and light-colored urine.

Case 2.—The boy N—, æt. 6, presented exactly the same tonic contraction in the hands and feet, accompanied by the same intercurrent, more violent contractions; but in this patient the latter were not so painful, nor were they attended with dyspnœa, only with crying and moaning. The other functions were regular, and in everything else this case resembled that first described.

The father stated that the children, who previously had always been healthy, bathed, on the 10th of July, in a pool or pond, formed by the rain collecting in an excavation in dry sand outside the house. The weather was at the time extremely warm, and the children had bathed at noon, in the greatest heat of the day, though it was blowing a little, as is always the case at that farm, which is situated close to the sea-shore. The cramps began on the following day, without the children having complained of feeling ill, and had continued uninterruptedly in the same manner, except during sleep, when the limbs retained, indeed, the same contracted condition, but were at rest.

During the following three days the spasms gradually diminished — first the jerkings, then the tonic contractions—and, with the exception of some trifling weakness, the recovery was perfect in about ten days. The treatment consisted of diaphoretics, small doses of opium, and stimulating liniment to the affected parts.

The cases are accompanied by some speculative remarks, but they do not shed much light upon the matter. — *Dublin Quarterly Jour. of Med. Science.*

THE MODE OF PREPARING THE BRAN-LOAF FOR THE USE OF DIABETIC PATIENTS.

Since the publication of his paper on the "Juvantia and Lædentia in Diabetes," Mr. Camplin has made improvements in the preparation of this important dietetic agent. The present formula is as follows:

"Take a sufficient quantity (say two or three quarts), of wheat bran, boil it in two successive waters for ten minutes, each time straining it through a sieve, then wash it well with cold water (on the sieve), until the water runs off perfectly clear; squeeze the bran in a cloth as dry as you can, then spread it thinly on a dish, and place it in a slow oven; if put in at night, let it remain until the morning, when, if perfectly dry and crisp, it will be fit for grinding. The bran thus prepared must be ground in a fine mill,[*] and sifted through a wire seive of sufficient fineness to require a brush to pass it through; that which does not pass through at first must be ground and sifted again, until the whole is soft and fine. Take of this bran-powder 3 ounces troy, 3 fresh eggs, 1½ ounces of butter, rather less than half a pint of milk; mix the eggs with part of the milk, and warm the butter with the other portion; then stir the whole well together, adding a little nutmeg or ginger, or any other agreeable spice.[†] Immediately before putting into the oven, stir in first 35 grains of sesquicarbonate of soda, and then three drachms of dilute hydrochloric acid. The loaf thus prepared should be baked in a basin (previously well buttered), for about an hour or rather more.[‡]

"Biscuits may be prepared as above, omitting the soda and hydrochloric acid, and part of the milk, and making them of proper consistence for moulding into shape.

"If properly baked, the loaves or biscuits will keep several days, but should always be kept in a dry place; and not be prepared in too large quantities at a time.

"I would refer your readers to the paper already alluded to, for the circumstances under which I was led to the use of this preparation, and I do this with the more confidence, as subsequent experience establishes the importance of the bran-loaf as a remedial agent, and confirms my general opinion on the treatment of diabetes."

Mr. Camplin adds: "If a proper mill for grinding the bran is obtained, it may be easily prepared;[§] it is by no means un-palatable, and as it contains scarcely any starch,† it at once checks the formation of sugar, and arrests the whole train of morbid actions."

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[*] The mill I used was made by Mr. White, of Holborn.

[†] The mixed spice sold in powder by the grocers answers very well, or a few caraway seeds, bruised, where economy is an object.

[‡] A specimen of the bran-loaf thus prepared was exhibited at Dr. Garrod's lecture, and tested by the physicians and medical practitioners present, who expressed themselves very strongly as to its pleasantness.

[§] The grinding of the bran, which is the only part of the preparation requiring labor, might

"The bran biscuit may be obtained of Mr. Smith, baker, of Gower street North, and bran-loaf or cake, nearly resembling the above, of Mr. Blatchley, confectioner, near the Pantheon, Oxford street; both these parties prepare a biscuit or cake which answers well medically, but is not so agreeable as that prepared under my own direction. The difference is probably owing in a great measure to their not having hitherto used mills of sufficient fineness. I have reason to expect that they will henceforward remedy this defect."—*Med. Times and Gazette.*

ILLUSTRATIONS OF THE PATHOLOGY OF CANCER.

BY J. Z. LAURENCE.

In the first part of this pamphlet we find a good deal of interesting information respecting the clasification of cancerous tumors, and particularly respecting two forms which the author proposes to raise into the rank of species under the names of *nævoid* and *enchondromatous cancer.*

Mr. Laurence allows that the claims of *nævoid cancer* to be considered as a distinct species must still be considered as doubtful, but he thinks that they are tacitly allowed by the nomenclature of eminent pathologists—as the *Carcinoma cirsoides* of Muller, the *Carcinoma telangiectodes* of Virchow, and the cavernous cancer of Esmarck. Mr. Laurence has met with one case which we give; and he relates two cases which have fallen under the notice of Muller and one which is reported by Cruveilhier.

Mr. Laurence's case.—Edward W—, æt. 61, entered the Middlesex hospital some years ago, for violent hæmatemesis, and, some time subsequently, for equally severe hæmaturia. Ever since he could remember, he had had a number of vascular tumors in different parts of his body. Over the outer third of the right pectoral muscle was one of the size of a small walnut; above it were two smaller ones; over the right deltoid muscle, one of about the size of a filbert. Above the right clavicle was one larger than either of these. He had a small one in the dorsum of the cleft of the right thumb, and one over the first phalanx of the left ring finger; several small ones about the neck, and one above the left clavicle. On the inside of the left angle of the lip were one or two, and on the mucous membrane of the inside of the cheeks, deep back in the mouth, were two or three of about the size of a pea on either side. The left half of the tongue was irregularly swollen out by venous growths. On the glans penis were several such tumors, of about the size of those inside the mouth.

Curiously enough, although suffering from the effects of fistula *in ano*, when I last saw him in the hospital, under Mr. De Morgan's care, he had never had bleeding from the rectum, excepting twenty years ago, but appeared now to be subject to prolapsus of the anus. He was a good deal emaciated, and had a sallow flabby look about his face. Numerous minute varicose veins supplied the healthy blush on the cheeks; in these were several very minute vascular prominences.

The nævoid tumors varied considerably in appearance, and in their relation to the cutaneous structures. Some were entirely beneath the skin, under which they felt like rolling, round, encysted tumors, made but little prominence, and were rather appreciable to the sense of touch than to

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be performed in most of the hospital cases by the patients themselves.

† Gluten bread, if prepared with care to wash away the starch, is excessively disagreeable. and cannot be persevered in for any length of time. The French gluten bread is not so disagreeable as that which I have had made at home, or which has been prepared for me by our best pharmaceutical chemists, but contains 20 per cent. of starch (according to Bouchardat), whilst a specimen of bran, prepared as here directed, was found by Dr. Marcet to contain only two and half, and of course the whole loaf contains scarcely 1 per cent.

that of sight. Some, on the other hand, had the peculiar pale, venous-blue hue of the subcutaneous nævi of children; whilst a third set formed rounded, thin-walled, dark, purple tumors. They could all be partially emptied of their blood by pressure, filling again when this was removed. None pulsated in the slightest degree.

Here, then we have a multiplied dissemination of non-malignant tumors, which, by their presence, in all probability, in the hollow viscera, had given rise to severe local effects, but yet, after existing for years, had caused none of that undermining of the general health so often observed in conjunction with a single cancerous tumor, to all appearances, comparatively to these venous growths, innocuous by its mere local effects.

The claims of the *enchondromatous* cancer to the rank of a species Mr. Laurence regards as settled by two most conclusive cases, which are these:

CASE.—*Enchondroma of the testis: operation: death: autopsy: secondary enchondromatous deposits in the lymphatic and vascular systems, and in the lungs.* Henry W—, æt. 37, received an injury to his back and his right thigh, two years before his admission into St. Bartholomew's Hospital, under Mr. Skey. Some swelling of the right testicle ensued; but this did not begin notably to enlarge till a year afterward, the organ got bruised by an iron bar falling on it. Before the patient was operated on, the testicle had attained a transverse circumference of ten and a half inches; was hard, heavy, and tender. The spermatic cord was similarly affected. After the operation, the tumor turned out to be an excellent example of enchondroma of the testicle, and to be composed of "tortuous, cylindriform, and knotted pieces of cartilage." The epididymus was healthy. The patient recovered well from the operation, but soon returned to the hospital, feeble and emaciated, exhibiting a breathlessness which, increasing, cut him off suddenly in three months after the operation.

At the post-mortem examination, the spermatic lymphatic vessels were seen to contain deposits similar to those in the testicle, and "became connected at their upper part with a swelling of the size and shape of a hen's egg—probably a diseased lymphatic gland—which adhered to the vena cava inferior—and projected into the cavity of this vein." "Beyond this point, no affection of the lymphatic system could be traced—the growth in the vein was branched like a stunted leafless shrub—and in direct contact with the venous blood. Both lungs were enlarged by the formation in them of masses of cartilage in such abundance that the two lungs weighed eleven pounds and a half." "In many of the larger branches of the pulmonary artery, small shrub-like growths, like that in the vena cava inferior, were attached to the lining membrane." No other organ of the body was found diseased; "The cartilage, in every seat of its growth, was of the true or hyaline kind." Prof. Paget very kindly showed me the various preparations above referred to, and also gave me a section of one of the lungs, of which I subjoin the following description from my note-book: "The section was crammed with cartilaginous tumors, of the average size of a hazel-nut. They were connected but laxly with the surrounding pulmonary tissue, and could be easily and cleanly enucleated with one's fingers. Each was enveloped in a thin pseudo-cyst of a cellular tissue, which, branching inward, subdivided each tumor into a number of small lobes. The cartilage was bluish and translucent, cut like other cartilage, and agreed essentially in its minute characters with that of the ordinary cartilage of joints. The matrix of the cartilage-cells was finely nebulous; the cells themselves exhibited great variety of forms—round, triangular, elongated, &c., and filled limited lacunæ in the matrix. In some instances, the cell occupied but a small portion of the lacuna, in others it filled it, and in most cases each lacuna contained more than one cartilage-cell. This was well defined, and possessed generally a round dark nucleus, and a good deal of coarsely granular matter."

The second case was under M. Richet, and is reported in the "Gazette des Hopitaux," Nos. 71 and 95, for 1855.

Case.—*Enchondroma of the scapula: operation: death: autopsy: secondary enchondroma of the lungs.*—A man æt. 34, had had a tumor growing on the right scapula for four years: by that time it had attained the size of a child's head. M. Richet removed it, together with a considerable portion of the scapula. "The tumor originates from the bone, which it completely surrounds; it does not rise beyond the level of the spine of the scapula. It is enclosed by the periosteum. It is composed of a tissue of a gelatinous appearance, but of the consistence of somewhat softened cartilage. This substance is homogeneous, transparent, traversed by filaments of fibro-cellular tissue, which appear to subdivide it into so many lobules or loculi.

"The microscopic examination made by Messrs. Giraldes, Broca, and Verneuil, proved that the tumor was exclusively formed of large cartilage-cells and nuclei."

The man died a fortnight after the operation.

At the post-mortem examination, at least thirty tumors were found in the substance and on the surface of the two lungs, some the size of a millet seed, the largest that of a nut. "This latter offered all the external characters of an enchondroma; it was, in fact, cartilaginous tissue; and the microscopic examination, made with the greatest care by Messrs. Broca, Giraldes, and Robin, proved that these tumors contained nothing but cartilage-cells."

Rokitansky, without offering any further explanation, states, that "he has seen it (*enchondroma*), on several occasions, in the lungs;" and that "enchondroma is benign, provided it does not enter into any specific infectious metamorphosis."

In the other parts of his pamphlet, Mr. Laurence discusses the question of hereditariness, and decides that cancer is not hereditary; and after this he considers the relation of cancer to tubercle, the relation of primary to secondary deposits, and the nature of cancerous diseases.—*Ranking's Abstract.*

ON THE USE OF BELLADONNA IN HOOPING-COUGH.

BY DR. L. TURNBULL.

The following remarks are taken from a paper called "Hooping-cough, its History, Nature, and successful Treatment," which paper was read before the Philadelphia County Medical Society, March, 1855:

"During the whole stage of the disease," says Dr. Turnbull, "demulcent drinks should be freely administered, such as flax seed tea, barley or rice water. When fully satisfied that the inflammation has been subdued, indicated by a slower pulse, less heat of skin, and no active congestion of the brain or lungs, I have then followed the treatment with belladonna, and my success with the remedy has been most gratifying. Before administering it I tried in vain, the free use of cochineal in combination with alkalies, assafœtida, opium, alum, hydrocyanic acid, &c. In every instance in which the system was fully brought under the influence of the belladona, indicated by dilation of the pupil with confused vision and reddened skin, I was enabled to check the annoying cough and hoop of thirteen children during the months of May and June, 1854, and seven cases since that time, making twenty cases in all, eight males and twenty females, the youngest was nine months and the eldest ten years.

"The following was the method followed: the system being prepared by reducing the inflammation by the means before spoken of, obtain, if possible, English extract of belladonna, fresh and good; let the extract be triturated with water or simple syrup; if it is to be kept for some time, add a small quantity of alcohol. The dose for a child three months old is the sixteenth of a grain every three hours: to a child one year one-eighth of a grain, and so to other ages in proportion.

"Inform the parent or nurse of the change it will produce upon the eye, also that it may redden the skin. When full dilation of the pupil is brought about, the medicine is to be intermitted until it has gone off again; the belladonna is to be administered in slightly increasing doses, so as to keep the child under its influence for several days or until the paroxysms are checked, which will usually occur toward the sixth or eighth day of the second stage.

"In the twenty cases cured by the use of the belladonna the cough and hoop returned in a few cases on exposure to cold, or in disagreeable, windy weather; but, by combining the extract with syrup of ipecacuanha, a few doses soon checked the cough and hoop; in only one case out of this number was it complicated with inflammation of the lungs, and this case recovered.

"The average duration of my twenty cases was ten days after the hoop had commenced, when the case was free from complications, which shows the great advantage of this treatment. The ordinary duration of the disease, when treated in the usual manner, is from one and a half to three and a half months; even by prussic acid, or the application of nitrate of silver, the average given is from two to three weeks. It is stated by Dr Gibb that with the use of nitric acid, the average duration was only six or seven days. Several physicians who have used this remedy, however, do not find such favorable results from its use."

THE USE OF PERCHLORIDE OF IRON AS A HÆMOSTATIC DURING OPERATION.

A correspondent of *Mon. des Hopitaux* states one of the principal elements of success in the difficult and dangerous operations M. Maisonneuve is famous for undertaking, is the remarkable use he makes of hæmostatics during their performance. He cites a recent case, occurring in a lad of sixteen, of fungous tumor of the dura mater, the growth of which, after having been temporarily arrested by ligature of the carotid, increased very rapidly, and was accompanied by exhausting hemorrhages. M. Maisonneuve determined upon its removal, but the tumor bled on the slightest contact, and the patient would not be able to bear the slightest loss of blood. The line of incision extended from the anterior parts of the ear to the summit of the head, and descending along the nose, was carried backward, and then upward to the base of the jaw, and its point of departure. A great number of arteries were thus divided, five or six of which, by reason of their anastomotic enlargement, had acquired almost the size of the radial artery. Intelligent assistants immediately compressed them with the finger, but it was impossible to thus continue the dissection without exposing the patient to the danger of death from syncope. M. Maisonneuve therefore applied to each vessel a little pledget of charpie, soaked in perchloride of iron, which was allowed to attach itself to the wound. At every stroke of the bistoury or scissors he applied a new plug, so that during the operation the patient scarcely lost a drop of blood; and when the tumor had been entirely removed the entire surface of the wound was found completely dried and tanned, and was at once dressed, without the necessity of the application of a single ligature. The brown eschar which covered the wound was detached about the twentieth, day without giving rise to any hemorrhage; and although the cure can scarcely be expected to prove radical, the patient for the present is perfectly well.

SALT IN INTERMITTENT FEVER.

Dr. Moroschkin observes, that during the prevalence of scorbutus and ague in the Transcaucasian province of the Black Sea, quinine sometimes entirely lost its powers. When no very prominent scorbutic affections were present, he administered 1 oz. of salt in water, in two doses daily, during the absence of the apyrexia. In patients in whom the paroxysms were incomplete, very abundant sweating followed, the skin resumed its normal appearance, and the various other signs of amendment followed, the disease becoming cured in a few days, and the dose having to be diminished. In cases in which the improvement was only partial, quinine now became more efficacious. Of 103 cases 70 were completely cured, and the others ameliorated.—*Smith's Jahrb.*

ON THE USE OF BELLADONNA IN ARRESTING THE SECRETION OF MILK.

Mr. Burrows' case is another proof of the peculiar power of belladonna in arresting the secretion of milk.

CASE.—Mrs, R—, æt. 26, commenced the weaning of her second child on March 10th, 1857. On March 11th I saw her. She complained of great pain of the left breast, which was inflamed, much distended, and very hard. She directed my attention particularly to a wide, callous, and painful prominence, that resembled a thick convex belt, which stretched from the mamma to the clavicle. I prescribed the diluted extract of belladonna, and directed it to be applied as in the former case, I saw her again on the following day. She said her breast continued distended and painful. I then had a momentary doubt of the efficacy of my remedy. No sooner had the thought crossed my mind than she said, "I washed off your salve, and put on sticking plaster, at the recommendation of a female friend of considerable experience." I spoke to her of the impropriety of calling in a medical man, if she would not follow his advice. She felt the remark, and replied, "I will take off the plaster, and apply your preparation." I urged her to do so without delay. Having lost some valuable time, I deemed it necessary to combine with the application of the extract the administration of the purgative mixture, with the wine of colchicum. Had there been no delay, I intended to test the antilactific power of the remedy alone, without the combined influence of any other. Time having been lost, I was afraid of trusting to it, lest suppuration should ensue.

On March 13th I visited her. She met me with a smile, and exclaimed, "My breast is better; the pain is gone, and the fullness reduced." She continued the application till the following morning, when the breast was cool, pale, and flaccid, and the elevated hardened integument, that stretched from the breast to the clavicle, diminished in size, softer to the touch, and free from pain. The secretion of milk is arrested, there being no spontaneous dribbling from the nipple, nor can any milk be squeezed out of the breast.—*British Med. Journal.*

SEPARATION OF THE SYMPHYSIS DURING PARTURITION.

JOHN L. NIMUKENS.

On the 10th of March last, I was called to visit Mrs. M., aged 39, whom I found in labor with her fifth child, and as there are some circumstances of interest connected with this case, I beg leave to lay them before the medical profession through the columns of your valuable journal. Mrs. M., when in the second month of pregnancy, after pressing in a drawer with her foot, felt considerable pain in the lower part of the abdomen, greatly increased by every change of posture, and along with this she complained of strangury. She was bled and purged, and kept at rest, by which means, especially the latter, she grew better. But in the two latter months of pregnancy, the symptoms were renewed. so that presently she could neither walk, nor even turn in bed, without great pain; but her greatest suffering was caused by raising the legs to pull on her stockings, as then the bones were more powerfully acted on. A slight degree of hectic fever now appeared. Her delivery was accomplished easily; but on the evening of the third day, when straining at stool, after having received an injection, the pain, which had troubled her little since her labor, returned with as much severity as ever. On the fifth day, the pulse was very weak and frequent. She sweated profusely, and had a wildness in her countenance, with symptoms of approaching delirium. In the afternoon, the pulse became full and tense, with vertigo, and throbbing of the arteries of the head. The pain at the symphysis was excruciating, and, although she was fomented, and bled seven times, she obtained no relief. On the eighth day, the pain abated, but diffused itself over the rest of the pelvis, particularly affecting the left hip and the sacrum. On the eleventh day she died.

On opening the body there was found a separation of the bones at the pelvis, but the capsule was entire, and much distended. It contained about an ounce and a half of matter. Whether the timely evacuation of this matter might have saved the patient, is a question worth consideration. I am disposed to answer it in the affirmative; but in justice to myself, owing to the easy labor of the patient, I did not suspect a separation of the pelvis. Her pains during the early months of gestation, I considered of a neuralgic character, and I cannot now believe that they could have been produced by a separation of the symphysis at that time; or, in other words, that a separation could then have taken place. I throw out the facts in this, to me singular case, hoping that some one more capable than myself will answer the question, if the slight injury the patient received during the second month had anything to do with the separation of the symphysis as found at the post-mortem examination.—*Medical World.*

HISTORY OF A SUCCESSFUL UNSUCCESSFUL LONDON SURGEON.

Albert Smith, so long a struggler and straggler in periodical literature, by which he earned a moderate but uncertain income during eighteen years, has actually made a fortune by his Overland Mail and Ascent of Mont Blanc entertainments, and seems resolved to live handsomely on it. At Fulham, close to the Bishop of London's suburban residence, this fortunate Smith has bought two or three acres of land (which is dear enough in that place), and has nearly completed the erection of a strange looking villa, in which every known order of architecture is set at defiance, and a new composite style, which may be called the Comfortable, set up instead. This mansion is to be not only snug but magnificent in parts. There is a ball-room of great magnitude, a dining-room of ample dimensions; a library adapted for 10,000 volumes, and a barrack room to accommodate 80 to 100 bachelor guests at a pinch. Since the erection of Abbotsford, never has any man of letters gone so largely into brick and mortar, as Albert Smith. As a poor man, he was harsh and haughty; as a rich one, he is amiable and kind. The better qualities of his nature seem to have been brought out by prosperity, which too seldom has this effect.

Albert Smith, who was 41 in May, is almost a cockney—having been born at Chertsey, near London. A surgeon by profession (he completed his studies in Paris), he was compelled by want of practice to abandon the lancet in that country for the pen in London. At the age of 25 he became a magazinist, and his first book ("The Wassail Bowl"), consisted of articles which he had contributed to the periodicals. Then he dashed into "Punch" with his "Experiences of a Medical Student," and "The Physiology of London Parties." In these last-named sketches (which appeared in the first volume of "Punch") a certain Mr. Ledbury was a favorite character. Afterward, "The Adventures of Mr. Ledburry," ran through Bentley's Miscellaney as an independent story, illustrated by Leech. So did that striking semi-historical novel, "The Marchioness of Brinvilliers." Other works were published separately as serials; these were, "The Scattergood Family," "The Pottleton Legacy," and "Christopher Tadpole," this last being very autobiographical. Beside all this, Albert Smith edited more than one magazine of his own, and held "the mirror up to nature" in numerous farces. All this was done in eight years. In 1849 going to Constantinople as a member of the noble Order of Deadheads, he wrote a little book of travels, which, early in 1850, he turned into an entertainment—narrative, songs, and dialogue—called "The Overland Mail." This became so popular that he sought new materials, and ascended Mont Blanc in October, 1851, on which he founded his Mont Blanc lecture at the Egyptian Hall early in 1852. Every year since he has revisited Mont Blanc, so as to introduce novelties into his entertainment, which he has already repeated *fifteen hundred times*, and always to large audiences. While a writer, Albert Smith also tried to get on as a dentist, but did not succeed, though his skill is said to be considerable in that line.

His last literary work, published in 1853, is "The Story of Mont Blanc." Since then he has thrown his mind exclusively into his public entertainments. In about five years, beside supporting himself and liberally aiding his family, Albert Smith has actually laid by between thirty and forty thousand pounds.—*The Medical World.*

DISARTICULATION OF THE SCAPULA FROM THE SHOULDER-JOINT.

BY JAMES SYME, F.R.S.E.

This case is one which will probably tend to encourage greater freedom in operating for diseases of the shoulder-joint as well as scapula, inasmuch as it proves that the scapula may be removed without serious loss of blood, that the resulting wound does not occasion excessive discharge, and that the arm becomes afterward a serviceable limb. It was brought before the Royal Medical and Chirurgical Society, on the 24th of February, 1857.

CASE.—Janet S——, nearly seventy years of age, was admitted into the Royal Infirmary of Edinburg, on the 18th of September, 1856, on account of a large tumor involving the left scapula. In size and form it resembled a cocoa-nut. In some parts it was as hard as bone; in others, elastic but firm. It presented a distinct bruit, and communicated a strong pulsatory movement. The tumor was first noticed about six months before, when it was the size of an orange. Considering, on the one hand, that the extension of the growth into the axilla rendered relief by a partial removal of the bone impossible,—the unsatisfactory result of that operation in Mr. Liston's recorded case,—the fearful mutilation which it would involve,—and the small hope of a successful issue to so formidable a procedure at her advanced age; whilst, on the other hand, the chief obstacles to recovery seemed likely to be serious hemorrhage (which it was thought might be prevented), or excessive drain on the patient's strength in the subsequent suppuration,—Mr. Syme determined to remove the entire bone. This was done as follows: an incision was made from the acromion process transversely to the posterior edge of the bone, and another from the center of the first directly downward below the lower margin of the tumor. The flaps thus formed were then reflected. The scapular attachment of the deltoid and the connections of the acromial end of the clavicle were next divided. With a view to prevent the most serious source of hemorrhage, the subscapular artery was next cut across, and secured. The joint and circumference of the glenoid cavity were next divided; the finger being hooked under the coracoid process greatly facilitated the division of its attachments, and enabled the operator to pull back the bone, and separate its remaining attachments with rapid strokes of the knife. The limb was supported and retained in situ by a bandage. The tumor, on examination, was found to consist of a nearly uniform expansion of the bone into a bag, partly membranous, partly osseous, containing a cerebriform growth, and extended to the margin of the glenoid cavity and spine of the bone. All seemed to promise well after the operation; the wound healed rapidly. At the end of a fortnight the amount of discharge was scarcely sufficient to stain the bandage. The shoulder assumed a very natural appearance, and it seemed that by the support afforded by the clavicular portion of the deltoid, together with the action of the pectoralis and latissimus dorsi, the limb would be able to execute a fair degree of motion,—indeed, the woman was with difficulty prevented from using the limb too freely; but the patient's strength did not improve in a corresponding degree, and toward the end of November she suddenly sank, and died on the first day of December.—*Lancet.*

THE PAIN OF DEATH.

Dr. Williams thus speaks of the last scene in the mystery of life. When the brain is originally implicated, and death is produced by apoplexy, all sensation being destroyed, it cannot possibly be connected with pain. In asphyxia, when brought on gradually by a combination of causes, the greatest amount of agony is inflicted, which we are capable of suffering. I say *agony*, because *pain* does not compass its horrors; no sensation can equal the terrible struggle attending suffocation. True, sudden asphyxia prevents continued suffering, but the pain is equally intense, though less protracted.

In syncope, painful sensations are experienced in the first stage of the process, but an entire cessation of sensibility so speedily follows, that death commencing at the heart is comparatively tranquil. In all these instances we perceive that the action on the brain is the cause of death. the conclusion therefore follows that in *articulo mortis* all feeling is lost, and not the slightest physical sensation can be experienced. Excessive pain is often endured during the progress of disease, but when that point has been attained which is to loose the Gordian knot, the brain has been so completely destroyed, as a necessary pre-requisite to produce death, that no sensation can be appreciated.

Thus ends life. After having struggled through the pain and turmoil of the first existence, and endured the pangs of the last conflict, the kind hand of Providence draws a narcotic mantle over the writhing body, anæshesia spreads a last sleep upon the sinking frame, and all is hushed in *death.*

BEER DRINKING.

The greatest lager beer drinking city on the globe is, undoubtedly, the city of Munich, in Bavaria, where revolutions are caused by the slightest rise in the price of beer. On the 1st instant there were in the different vaults 28,769 Eimers (about 521,880 gallons) of winter-brewed beer, the "genuine lager;" and 393,580 Eimers, 7, 139,541 gallons,) a total of 7,661,421 gallons. The quantity brewed this season exceeds that of the previous one by 42,739 Eimers. Twenty-three brewers have manufactured this enormous quantity of beer, which will just suffice to supply the 130,000 inhabitants of Munich for 180 days.

STATISTICS OF CONSUMPTION.

Medical statistics appear to prove that consumption, where prevalent, originates as often in summer as in winter, and the best authorities declare that it is more common in hot than in cold climates, There is more consumption in the Tropical Indies, both East and West, than in the almost arctic Canadas. The number of the British troops attacked with this disease in Jamaica is annually twelve in one thousand, while in Canada it is only about six. The English government have accordingly resolved upon sending their consumptive soldiers to a cold, in preference to the warm, climate.

Part 3.--Editorial.

THE NASHVILLE MEDICAL JOURNAL AND THE E. M. INSTITUTE.

At the city of Nashville, in the State of Tennessee, there is a medical college, whose organ, the Nashville Journal of Medicine and Surgery, is edited by two gentlemen — Messrs. Bowling and Eve— of some pretensions to eminence, and who, no doubt, would consider themselves greatly aggrieved, were we to tell them, as they did Judge MARVIN, they are *asses*. No, no, gentlemen, you are not asses, but clever disciples of Æsculapias most miserably deluded by the "*fuss and feathers*" of the American Medical Association—the serfs of a medical despotism as disgraceful as ever man conceived, even in the field of political tyranny. In sober earnestness we have set us down to read these gentlemen a lecture on good manners, and the essential ideas of American democracy. Nor is it alone for their benefit that we trouble ourselves enough to pen an article for the showing up of as grand a system of assumption and "humbug" as ever insulted an honest people.

We pretend to be Americans, and to be proud of the relation we bear to our government. Citizens of a free, democratic government, where merit and truth constitute the great standards of worth, we proudly proclaim to the monarchies of the old world, that here we know no distinctions; no such thing as caste and class are known, and we are here "free and equal." We point with pride to our Franklins, our Fillmores, our George Laws, our Casses. &c., &c., as undeniable evidences of the truth of the doctrine of equality. We contend that every man's opinion may be by him freely expressed; that the rights of speech, the press, and the conscience shall not be trammeled; in plain words, that we shall be protected in the dignity of human nature.

Now, in America there are hosts of men who abide in this faith. It expresses their true sentiments; it is the fundamental principle of our political existence, and is so recognized by law and by public opinion. And one would think that a heretic to this faith would not be tolerated in society. It was to establish this free union of confederate states upon this basis, that our worthy sires battled through the bloody scenes of the American Revolution. Here in this virgin soil of the new world, "LIBERTY" planted her standard, and hurled defiance to all *crafts* that had for their object the degradation of the human masses. Here the down-trodden and oppressed were invited to come and rest safely under the protecting shades of virtue, patriotism and truth.

But on the other hand, our country contains a class who, forgetting their origin, and the lucky adventures by which their parents enriched themselves, try to ape the requirements of caste and class as read of in the older communities of Europe. Vain toadyists, swelled with peacock pride, they strut through the thoroughfares of European cities, too ignorant to observe themselves the laughing-stock of men of sense, too conceited to lower themselves to their proper sphere, and in their ridiculous attempts to hide the head of the goose, show the ears of the ass. The self importance of such people is positively disgusting to the common peasants of Europe, and their "brag and swagger" is a by-word from St. Petersburg to Liverpool; from the halls of the Vatican to the private saloons of Lloyds. These people try to import the manners and customs of European aristocrats into free America, and for their pains occasionally get their ruffles besmeared in the grease and anvil dust of their progenitors. European dress, language, vices and follies, are in high repute with such, and the instances are not a few in which these peacock gentry have been found in the heraldry offices in search of some coat of arms by which to show their affinity to the upper crust of the European states; nay, more—there are a few foolish enough to stick these relics of feudalism on their carriage bodies, and now and then to their watch seals. In private they think themselves made of clay a little finer than common men; that their blood is a little more scarlet, and that their tastes are a little more refined. In short, these simple people imagine that the establishment of an aristocracy in the United States is a possibility! Only imagine an American aristocracy!—a democratic oligarchy! The thing itself is absurd; it is an insult to our Ameriaanism; it puts to shame the republican simplicity of such men as Jefferson, Franklin, Jackson, Taylor, and others. It is a strong game played with a weak hand, and had as well be crushed now as at any future time, for stopped it will be, just as sure as virtue and truth are more excellent than vice and falsehood.

Lawyers are much abused, but as there is a vital loss in freedom, and a horror of slavery, we would trust the keeping of liberty to lawyers rather than to doctors. Science is democratic everywhere, so is virtue and truth; but will any one point out that association of lawyers which has assumed a national name, and sought to erect a standard of legal opinion? It cannot be done.

The *American* (?) *Medical Association*, composed largely of men who ape Europeanism, has attempted to fix certain standards of belief, and like the Romish church, to anathematize all who do not yield an implicit obedience thereto. The consequence is that our profession has become the most illiberal and tyrannical branch of American society. It has thwarted the views entertained by our wise and patriotic sires,—it has led to division and discord—biased the judgment of the physician, and awakened desires which ought to pervade the breasts of such only as are monarchically inclined. It has driven many a good man out of the profession, lowered its dignity, perverted the ends and aims of science, and given a loose rein to the most unenviable of human passions. It has nursed quackery, sported with human life, disgraced our claims to respectful consideration, and made us a laughing stock for the true and worthy devotees of science everywhere. It is a disgrace to our civilization, a lie to our religion, and a stigma upon our country. We repudiate it in toto, and here boldly assert that there is but one test of worth, viz, *merit*, and no matter who possesses it, he is the equal of the highest born, and the superior of any crowned head in Europe. But do you ask what all this has to do with the Nashville medical Journal? We answer, much—that Journal is an organ of that disgraceful establishment, and serves the purposes of its members most admirably, as will be seen presently.

Some friend has sent us a copy of the Nashville Medical Journal for August, 1857, containing an article on the 247th page, headed, "Unprofessional Practices," in which the editor *pretends* to answer some letter making certain inquiries; but we give the article entire, together with a little more from other parts of the same journal:

"UNPROFESSIONAL PRACTICES.—We are almost every week receiving letters making inquiries similar to those below, which we copy from a letter (from a Southern State), just received.

"*Enquiry* 1. Does the Nashville school receive and recognize a young gentleman who has attended one course of lectures at the Eclectic Medical Institute, Cincinnati, Ohio? Or, in other words, can a student graduate in your school next winter who attended a course last winter in the above named institution—he being well qualified otherwise?

"*Answer.* No. The Nashville school does not know any Medical Institution by the title mentioned.

"*Enq.* 2d. What does your school mean when it says, that at the time of receiving the degree of M. D. the applicant must acknowledge the right of the Faculty to revoke it, should he engage in irregular or unprofessional practices?

"*Ans.* It means what it says, and says what it means, in language too plain to admit of simplification.

"*Enq*. 3d. What do you consider irregular or unprofessional practices?

"*Ans*. Whatever the code of Ethics of the American Medical Association considers irregular or unprofessional practices.

"*Enq*. 4th. Would you consider a gentleman who had graduated in your school who should afterward adopt and practice the Eclectic practice, as taught in the Cincinnati Eclectic Medical Institute, acting unprofessionally or practicing irregularly?

"*Ans*. A regular, conscientious practitioner gains knowledge from all sources, not refusing a diamond though exhumed from a dung hill. Expansive as the universe, his circumference is everywhere, his center nowhere. His system of practice is the grand aggregate of scientific deductions and the enlightened experience of the present and past ages. His home is immeasurably above the miasmatic medical isms, these ingenious inventions of restless and ambitious spirits which have disturbed the profession of medicine in every period of its history. If one descend from the illimitable heaven of professional freedom to be nailed to an ism, even by a star, he forfeits the association of the enlarged spirits he has abandoned, becomes a fixture—rooted like a tree, in the soil of his owner; is a slave and unfitted for membership in a liberal profession. The regular physician *belongs* to no school, to no ism, to no man—he is a freeman. Not a Homœopathist, not an Eclectic, not a Spiritualist, not a Thomsonian—

'No pent up Utica bounds his view'—

he is a PHYSICIAN. To be more he cannot, to be less he will not.

"A medical man's *irregularity* consists in making himself less than a physician, and his unprofessional practices in an attempt to make the people believe he is more. The true physician ignores, scorns and loathes from his lofty eminence the miserable and noisy pretenders who are jabbering about schools and systems, and roots, and calomel, and minerals, and vegetables, and Eclecticism, and Homœopathy, and Thomsonianism, and Thermalism, Hydropathy, and Allopathy, Aeropathy, and Unapathy, *et id omne genus*. We say the true physician ignores these terms. They never escape his lips.

"Being sent for in the case of a Northern illuminata in the person of a lady suddenly seized with illness at one of our hotels, immediately upon entering her room she inquired whether we were an Allopathist or a Homœopathist? We replied, that we did not belong to the Army or Navy, and did not understand the terms employed by politicians in referring to these branches of the public service. She stared at us so wildly as to betray her suspicion of our sanity. We recalled her to herself by asking if Dr. B. had been sent for to prescribe for her? 'Well,' said she, 'I must know what sort of a physician you are first.' 'Ah! but, pardon me, madam, you must be aware that you can only learn that at the last, after you have made the experiment.

"But you can tell me first to what party you belong.

"Well, my dear madam, I do not belong to any party, the parties, as you term them, belong to *me*.

"You are a *regular* then.

"No madam, never having enlisted nor nor taken any bounty, I have always regarded myself a volunteer.

"Please tell me what you are.

"I am a physician, at your service, madam.

"Of what school?

"Of the medical school, madam.

"What do you give your patients?

"Advice, madam.

"What sort of medicine?

"When reduced to that I refer them to the Apothecary.

"Do you carry in your pocket a little case of little phials filled with little pills, or globulistic medicaments?

"Pardon me, madam, I am not an apothecary of the peripatetic philosophy, but only a physician. Presuming you are no lawyer, and assured that I am not a witness on the stand, but only a physician, I wish you, my dear madam, a very pleasant morning."

Remarks on Query and Answer 1.—Here clearly was a gentleman asking a civil question, which, from a gentleman, merited at least a civil reply. In plain words, the student asks, if a young man of good moral character, proper literary attainments, and who has attended a course of lectures in the Eclectic Medical Institute of Cincinnati, can graduate in the Nashville school? Now, is not that polite, fair, and in good faith? Mark the answer: "No. The Nashville school does not know any medical institution by the title mentioned." In plain English, you are disgraced and damned; you are anathematized and cut off, because you were fool enough to attend a medical college where the Professors teach that it is every man's right to think and act for himself—a class of men who deny the right of the American Medical Association to think for them—to place gags in their mouths, and dictate how they shall cure the sick. Now, to all this we say, Bah! The first word of the answer is a lie, and the explanation proves it. We wonder if Drs. Bowling and Eve never heard of the Eclectic Medical Institute? Did they never see our published works, our journals, our catalogues, etc.? Does any body believe it? If not, how shall we explain the fact of so many of their first-course students attending their second and third courses here, and graduating? Let us put a flea in your eas, Drs. Bowling and Eve: Did you know that the Eclectic Medical Institute had graduated hundreds of able practitioners long before yours had an existence? Did you know that our college is established by special act of the legislature of Ohio, and that over eleven thousand persons asked for its establishment, while your own is but the addenda of a common school act, and enjoying no advantages over any seminary in Ohio, in point of law? Did you know that we have had a vast deal more patronage than yourself? and again, that our institution is on the *ad eundem* list of all the respectable medical colleges in America, and that our students are admitted *ad eundem gradum* in all such. Ah! the truth is, somebody about the good city of Nashville had aspired to the Presidency of the American Medical Association!

Remarks on 2d Query and Answer.—Here, again, is a civil question, asked, as it appears, in all candor; but observe the *bearishness* of the answer. "What," says the student, "is meant by forcing the student to acknowledge the right of the Faculty of the Nashville school to rescind the honors which he was worthy of when receiving his degree of M. D.?" He is answered: "It means what it says, and says what it means!" Now let us say what it does mean. It means that when a young man seeks to prepare himself for the practice of physic, if he graduates at the Nashville school, he must lose his identity as a man, and become a serf to the tyrannical laws of the American Medical Association; that he must no longer have an opinion of his own, but he must wear the straight jacket of "hunkerism," as worn by the American Medical Association; that reason and conscience, truth and independence, must be buried under the assumed authority of the American Medical Association; that if he dares to prescribe a remedy not recommended by Wood and Bache, or if he advertises his business through the public press—if he does his duty to humanity and himself—he will be excommunicated and anathematized by the American Medical Association! That is the meaning, and in language plain as it can be written. We honor dignity in the medical profession, but if that dignity is to be attained by the sacrifice of independence, the right of private judgment, virtue and honesty, then we say, away with your dignity. Besides, we deny the right of any body of men, aping the conservatism and tyrannies of Europe, to place fetters on American society.

Remarks on 3d Query and Answer.—"What do you consider cause for expulsion?" The answer caps the climax!—"Whatever the Code of Ethics of the American Medical Association considers irregular or unprofessional practices." The Faculty of the Nashville school, then, have no opinions and rules of their own: whatever their oracle says they abide by. Shame upon any American gentleman, pretending to a love of individual liberty, who would make such an admission! The hand should be palsied in writing such a blighting confession of perfect nonentity. No honest, honorable man, who has a correct idea of American character, would make such an admission.

REMARKS ON 4TH QUERY AND ANSWER.—"Would you consider a gentleman who had graduated in the Nashville college, who should afterward practice the Eclectic practice, as taught in the Cincinnatt Medical Institute, acting unprofessionally, or practicing irregularly?" This was a stumper; it forced the gentlemanly editors of the Nashville Journal to the mark. Read how they have answered it: "A regular, conscientious practitioner gains knowledge from *all* sources." That is what we call stealing our thunder, as Gen. Cass would say. Is not that the meaning of word "*Eclectic?*" Now, sirs, show us your hands, and if there is hair in their palms, we'll recognize your honesty. But listen a little further: "His system of practice is the grand aggregate of scientific deductions, and the enlightened experience of the present and past ages. His home is immeasurably above the miasmatic medical isms, these ingenious inventions of restless and ambitious spirits, which have disturbed the profession of medicine in every period of its history. If one descend from this illimitable heaven of professional freedom, to be nailed to an ism, even by a star, he forfeits the association of the enlarged spirits; he has abandoned, becomes a fixture, rooted like a tree in the soil of his owner; is a slave, unfitted for membership in a liberal profession."

This to us sounds very much as if it had been written by an Eclectic physician; but as it was not, we are justified in believing that the writer, ashamed of the mercenary character and ignorance of a large body of his professional associates, was endeavoring to wash his hands from their sins. But let any honest, unprejudiced physician see if this description, free and conscientious, is compatible with the ethics of the American Medical Association. Let them ask if it is a "liberal" association, meting out to the meritorious only their honors.

"A medical man's *irregularity* consists in making himself less than a physician, and his unprofessional practices in an attempt to make the people believe he is more." Amen! If this is your faith, Drs. Bowling and Eve, why not act on it? We think that man the best physician who is most successful in curing disease. No matter how it is done, if he relieves the aches and pains of humanity, prolongs life, and restores the sufferer to health, he is a good physician. Now, Doctors, let us define the quack: a man who pretends that he can do what he knows he cannot; who gets false certificates and publishes them; who cares not for the good of the people, so he but be able to get the money of those who may be afflicted. His knowledge of medical science is superficial; self interest weighs down the sense of duty he owes to his fellow men; and when he uses secret remedies, and withholds them from the profession. A man need not be a quack simply because he advertises his business; we think Dr. Eve has rather a long advertisement in the Nashville Medical Journal for August, 1857, pp. 81 to 92. Do not attempt to get us to believe it is not a personal puff, for the thing is quite apparent, and we do not object to it, because if Dr. Eve has done what he reports, it is but right that the world should know it; but, gentlemen, do not attempt to bamboozle us.

As to the ethics of the American Medical Association, we beg to inquire if it has any? As a body we deny that it has any. It has certain *rules*, by which the thing is held together, but we seriously doubt if one-third of the members know what they are. And that the Nashville college should attempt to execute such monstrous rules on the young gentlemen of the profession, we are really surprised, since few could be induced to enter the trap thus set for them. And as to a medical education, we suppose that any one desiring Allopathic instruction would go to Philadelphia, Richmond, Baltimore, New York, Charleston or New Orleans, to say nothing of the various little concerns at various other points, instead of attempting tŏ get the highest honors of such an establishment as the Nashville college.

The truth is, young men about entering the medical profession are getting their eyes open to the fact, that Eclecticism is not synonymous with quackery; but that our course of instruction is the most thorough of any institution in the country; that we not only teach all that is known to any old school, but much that is known only to Eclectic practitioners. Nay, not only is this fact becoming apparent to the young men in the profession, but the older men thereof are falling into our way of thinking. Our remedies are being sold to them in large quantities, and we here predict that in ten years they will use most of our remedies, and that mercury, arsenic, tartar emetic, blood-letting, etc., will be regarded as relics of the past.

Again, what right has any college or faculty in America to assume the title of "*Eminent, per se?*" Does the Nashvelle school claim this? Gentlemen, we fear that you have miscalculated your powers; that you are in the wrong country to successfully humbug the people; and we now say, once for all, that we will compare results of practice with you any day; that we will put system against system, principle against principle, and promise to prove that if quackery is attached to either the Eclectic or the Allopathic system, it will be to yours. Pray, in what do we differ? In this: in place of using certain mineral poisons, as mercury, lead, gold, arsenic, &c., we substitute vegetable remedies which we know to be less dangerous and equally as efficient; in place of bleeding, we use other appliances for equalizing the circulation; and in place of swearing men to follow this or that *plan*, we leave them in the free exercise of their own judgments, and we call them good physicians as they can cure the sick. Now, Drs. Bowling and Eve, do you know the Eclectic Medical Institute?

OHIO ECLECTIC MEDICAL SOCIETY

Below we present the constitution and by-laws of this association, and in so doing we beg to remind our readers that we shall be happy to see other than Ohio physicians present. Kentucky, Indiana, Illinois and Virginia, are contiguous States, and we shall be happy to see as many physicians from those States present as can find it convenient to leave their business. This association was organized and first met in the hall of the Eclectic Medical Institute, Cincinnati, in 1853.

The meeting for this year will take place in the same hall on Wednesday, December 16th, 1857, and we think we may promise ourselves "a good time in this reunion." Nothing can be more desirable than to cultivate a friendly acquaintance in our profession. We meet for mutual improvement and a general consultation on all medical topics, and we trust that this will not be less interesting and instructive than the sessions heretofore held. Let our friends and the profession exert themselves to be present on the 16th of December.

CONSTITUTION AND BY-LAWS.

For the better organization of the Eclectic Physicians of Ohio, and for the benefit of the general cause of Eclecticism, it is deemed proper to organize a State Eclectic Medical Association.

The Eclectic Physicians of the State of Ohio, therefore, organize themselves into a State Association, and adopt the following Constitution and By-Laws:

ART. I. The Society shall be known as the Ohio State Eclectic Medical Association.

ART. 2. This Association shall be governed by the usual Parliamentary rules, and shall have the power of adopting such measures, rules, and by-laws as may be deemed necessary and proper.

ART. 3. The officers of this Association shall consist of a President, two Vice Presidents, one Recording Secretary, one Corresponding Secretary, and a Treasurer, who shall perform the usual duties appertaining to their respective offices, and who shall constitute the Executive Committee of the Association, for the general management of its affairs, and for the transaction of all business not delegated to special committees. These officers shall be elected by ballot annually, at the first regular meeting of the Association.

ART. 4. There shall also be committees of three each, on the following branches of Medical Science, viz: Theory and Practice, Surgery, Obstetrics, Materia Medica, Medical Botony, and Pharmacy, Physiology, Chemistry, and Medical Statistics, who shall be appointed annually by the President of this Association, and who shall receive from the members of this Association, and from all friends of Medical Reform, on their respective branches, all interesting cases, discoveries, improvements, suggestions, and other useful matter in relation to Medical Reform, and who shall annually report the same to this Association.

ART. 5. The Association shall meet and hold their meetings at such time and place as may be appointed by a majority of the members present at any regular meeting.

ART. 6. No alteration, amendment, or addition can be made to this Constitution, except by a majority of two-thirds of the members present at any regular meeting.

ART. 7. All Eclectic Physicians residing within the State may become members by signing the Constitution and By-Laws of this Association. And Physicians who are not residents of the State may become corresponding members by complying with the same regulations.

BY-LAWS.—ARTICLE I.

SECT. 1. The regular meetings of this Association shall be held at such proper times and places as may be fixed upon by this Association.

SECT. 2. The President may call a special meeting of the Association when he shall deem its interests to require it, or if twenty resident members shall petition for the same.

SECT. 3. Twenty resident members shall constitute a quorum for the transaction of business.

ARTICLE II.—OFFICERS.

SECT. 1. The President shall preside and enforce a due observance of the Constitution and By-Laws, appoint committees and see that they perform their duties, give the casting vote, sign all official documents, and perform all other duties customary for such an officer to perform.

SECT. 2. The Vice President shall assist the President in the discharge of his duties, and shall preside in his absence.

SECT. 3. The Recording Secretary shall keep minutes of the proceedings of each meeting, notify officers of their appointments, and state their duties, certify to all official acts requiring the same, receive initiation fees, and pay the same over to the treasurer, and perform such duties as may be properly required of him.

SECT. 4. The Corresponding Secretary shall conduct the correspondence of the Association, and report at the regular meetings such parts as may be of importance to the Association.

SECT. 5. The Treasurer shall receive all moneys due the Association and pay all bills endorsed by the President and Recording Secretary, and make a full report of the condition of the treasury at each meeting.

ARTICLE III.

SECT. 1. The initiation fee shall be one dollar.

SECT. 2. Vacancies in office shall be filled, "ad interim" by the President.

HISTORY OF ECLECTICISM.

Owing to some inadvertence, we have mislaid the fifth chapter of Bickley's History of Eclecticism, which ought to have appeared in this number. We hope to find it in time for our next. Prof. Bickley authorizes us to say to those who have already ordered the work, that they will confer a favor by sending him their addresses, as many of their letters came to hand during his severe illness in the spring, and their names are now lost. The money will be returned to such as ordered the work, upon the reception of their addresses. The state of his health does not warrant a vigorous prosecution of the work at present, but it will appear regularly in the pages of this Journal.

* * *

PAINE'S EPITOME OF AMERICAN ECLECTIC PRACTICE.

At no time since the settlement of our country, has the field of medical reform been so clearly defined as at the present moment. Never were the bulwarks of exclusive systems so shattered and palpably weak as to-day; nor did we ever before see the people so eager to lend their assistance in strangling those mighty errors, which, for ages, have been imposed on them by a profession which has been tutored to assume the control of medical opinion, and which has set up for itself the grand prerogative of fixing a standard of faith and practice. Without denying that our profession has always contained, here and there, a true Æsculapian, we must beg to coincide with the very popular belief, that knavery has too often intruded upon the rights of medicine, in blindly clinging to opinion for mere antiquity's sake. Such a course of belief and thought was more adapted to the aristocratic ages, than to that new state of society which we denominate democratic. Then, whatever had the stamp of age upon it, was sure to pass into establishment and practice, without doubt or comment; now, the same stamp of age, is a sufficient cause for calling in question the infallibility thereof. This is true in medicine as well as in religion, politics, law or mechanics. Nothing should be regarded as established, until we can confidently say that progression has been stopped by the attainment of perfection. As the mind shakes off the chains of usage and custom, and strikes out in the unexplored field of undiscovered truth, it will often find itself confronted by the sharp angles of errors grown grey in the service of the destroying angel. The science of life, though made up of very many parts, is nevertheless a unit: disarrange one part of its machinery, and all will be correspondingly affected. By all this we mean, that the progress and analyticism of to-day had its rise with the reformation set on foot by Luther and Melancthon. The tide of free thought rolled westward, and developed the American revolution. That revolution gave a charter to free thought, and has led to the progress we see, turn wheresoever we will. In all branches of human industry, in all fields of thought, in all human pursuits, the results have been most astonishing. In medicine, the revolution has been most complete and triumphant. New systems have risen upon the fall of the old; but, as is too often the case, the revolutionists have gone into the opposite extreme, so that were there no intermediate conservatism to guide and direct this new order of things, it would be very questionable whether society had gained any thing by the change. The one-ideaism of certain parties is equally as foreign to the perfection of the sciences, as that more uuiversal and delicate blending of truth and error which we observe in old medicine. The same laws governing the science of politics are found to apply to the sciences in general. The French revolutionists, though they committed many sad mistakes, nevertheless removed the scoria from the face of society, and prepared men to look dispassionately on the horrible system which they had before tolerated. So, while the medical reformers have not always acted wisely, they have indubitably shown the horrors of old physic.

A mean between the two extremes has always been most desirable; but from whence should we expect that mean? Certainly not from old Physic, for prejudice had blinded its eyes; not from new one-ideaisms, for they were too contracted and circumscribed to look abroad in the vast domain of discovery. But could some conservative body — some intermediate link between these medical antipodes—set calmly and dispassionately in judgment on the writings and doings of both the old and new, the result would have been a winnowing, a sifting out, and the retention of the worthy and truthful. Such a school of conservatism is that of Eclecticism; its founders deserve all praise for siding with neither the old or the new, but for adopting that which was true and worthy from all, and for the liberal spirit which they manifested in giving to each all the credit deserved. This school, then, is the umpire in medicine; it scrutinizes, tests and demonstrates. It examines theories, strips them of their sophistry, and applies to practice that which is purely truthful and positive. In materia medica, it does not so much present new remedies, as it presents old ones in new forms, stripped of their inertness, and applied on correct theory. It is not pretended that American Eclecticism is perfect, any more than it is contended that American Democracy is perfect. While democracy confers very many blessings on the great mass, it also introduces many evils of which the old order of things was ignorant. So, while Eclecticism asserts, in the majesty of truth, the right of every man to think and act for himself, governed by right reason, it also grants a license for much error. But, as we hope that time and experience will rectify our political errors, so we think they will enable us to circumvent the errors incident to Eclecticism.

If Eclecticism is right—if the principle is founded in true philosophy—if the interests of man demand its adoption—what, then, is the plain duty of all truth-loving physicians? Simply to educate the people thereto. This can be done effectually only by the publication of books. During the last quarter of a century there have been written many fine essays on the subject of Eclecticism. Between the work of Beach and Paine's Epitome, the leap is long, yet in every part the connection has been maintained by the regular publication of many able journals, and heavy tomes, which do credit not only to Eclectic authors, but to the American press. King, Jones, Newton, Bickley, Massie, Powell, Morrow, Calkins, Buchanan, and others, are well known authors who have labored in the interspace referred to.

Without referring to all those great works which constitute the literature of the Eclectic medical profession, or even entering into a minute exposition of the great principles of Eclectic practice, we beg to call the attention of the profession to the work in hand. It will not be supposed that Prof. Paine has attempted to displace the works of Newton and Powell, of Jones, Morrow, and Beach; the name guards him against such a supposition, but he has endeavored, in a small space, to present some of the more important features of the practice. It is a neat little volume of some 400 pages, gotten up in the best style of the printer's art, and is published by H. Cowperthwait and Co., of Philadelphia.

The author in his preface says: "It is designed as a note-book for the profession, in which is recorded many valuable facts relative to the principles and practice of medicine, and as an assistant to the student in his medical acquirement; also, as a guide to domestic practice for families. My object, in the preparation of this work, has been to record, in a condensed form, what I conceive to be true relative to the present condition of practical medicine, and to give the American Eclectic treatment of disease, which has proved so signally successful in my hands. Also to enable the public to judge more correctly of the respective merits of the different systems of medicine."

Prof. Paine opens his work by the advancement of nine prominent principles, and then proceeds to show that these principles are denounced by the Allopathic school of practitioners upon the same basis that was employed by their brothers in denouncing Harvey for preaching the idea of the circulation. He shows how Pare was denounced by his contemporaries for using the ligature to tie an artery; how cinchona was denounced because it was introduced by a Jesuit; how lady Montague was opposed by the Faculty when she attempted to introduce inoculation; how Jenner was ridiculed for introducing vaccination; how Mondini was persecuted by the profession for attempting to establish the utility of dissecting the human-body. He goes on to show how the use of ipecacuanha, matico and lobelia were op posed. Passing from these instances, the author enters into a very brief review of some of the more prominent opinions which have been entertained by physicians of eminence in all ages. He begins with Centaur Chiron, who was the father of Æsculapius, whom the Greeks, Asiatics, and Africans, worshipped as a god. Hippocrates is shown to have been the first medical reformer, and that while his system was necessarily imperfect, the practice of Eberle and his followers in the present day has advanced but little beyond what was achieved by this old prince of doctors. Our author then proceeds to point out some of the evils and errors of bloodletting, salivation, &c., which, of course, cannot be reproduced here, for want of space. The Professor goes on to enumerate some eighteen rules for the government of those who desire to render medicine more positive and scientific. These principles are within themselves of intrinsic merit, and to their adoption we say, *amen!* After some examination of the merits and demerits of other systems of medicine, we are brought to the consideration of antidotes to poisons, which will be found beneficial to practitioners. In a condensed, though remarkably clear style, we have next an epitome of practice in a few of the more important diseases, which will greatly facilitate the studies of the student. These principles are not new to our readers, or we should feel in duty bound to present some of them. At page 295 commences a list of some of our leading remedies, which we conceive to be the least valuable part of the book. Indeed it could hardly be otherwise, for to give a true idea of the character of our prominent remedies, space is required; however, Prof. Paine has done as much as could be done in the space before him. Under the head "Different Systems of Practice," we have an abstract of Allopathic practice, which, however, gives but a faint idea of some of its horrible results; after which there is a general showing up of that precious humbug, Homœopathy. We say humbug, because we do not even believe its advocates can possibly *entertain* faith as to its efficiency in the removal of disease. Hahnemann gives the formulas for preparing their medicines: Take one grain of mercury (e.g.), put it in a mortar, add thirty-three grains of sugar of milk, stir with a spatula, and then triturate *six* minutes. Scrape up *four* minutes, and triturate again *six* minutes. Scrape again, add thirty-three grains more of sugar of milk, triturate another *six* minutes, and scrape up *four;* then add another thirty-three grains of sugar of milk, which you can rub and scrape for ten minutes more. You then have a medicine which is the hundredth of itself; you are to mark this 1-100, which denotes it to be of the first potency. You then obtain the second potency by taking one grain of this first potency, and after a similar manipulation, adding thirty-three grains to one for three times, which, when properly triturated, you mark 1-10000. To get the third potency you take one grain of the second, and add thereto, as in the former instances, ninety-nine grains of the sugar of milk, and mark your powder 1-100,000, that is, in plain English, one grain of mercury to *one million* of sugar of milk. Hahnemann says:

> "From the millionth degree of trituration, the dilutions in the various degrees may be obtained by dissolving these triturated substances in alcohol or water. Chemistry is not acquainted with the fact that, all substances, after having been triturated up to the millionth degree, can be dissolved in either alcohol or water. Sugar of milk cannot be dissolved in pure alcohol;

this is the reason why the first dilution should be composed of one-half water, and one-half alcohol. To one grain of the millionth, you add fifty drops of distilled water, and turn the vial several times around its axis; by this means the sugar of milk becomes dissolved: then, you add fifty drops of good alcohol, and shake the vial twice, first carrying the arm up and then down. Only two-thirds of the vial should be filled with the solution."

Again he says:—

"Frequent observation has convinced me that it is better to shake the vial twice only, in order to develop the medicinal virtue of the drug just enough to effect the disease in a proper manner. By shaking the vial ten times, as I was in the habit of doing, the proportion between the progressively developed intensity of action of the medicinal properties of the drug, and the degree of potency, were destroyed. The object of the dynamizing process, is to develop the intensity of action of the medicinal properties of the drug, at the same time as that action is reduced to a milder tone. Two shakes are sufficient to establish the due proportion between these two effects."

Now, thou man of science, can you deny the conclusion at which we have arrived? Was the necromantic medicine of the dark ages more absurd than this? The first attenuation of homœopathic medicines is really as powerful as any medicines in use. Suppose it be strychnine. To one and a half teaspoonfuls there will be found one grain of strychnine. But of the 12th attenuation not so; in this degree we have one grain to a body of alcohol six times as large as the Mediteranean Sea! Suppose you drop one grain of *tarter emetic* in the center of the Atlantic Ocean and allow it time to be thoroughly mixed in all its waters, still this mixture would be stronger than their 13th attenuation! There is a very poisonous substance cast out from the human body, called urea, with the nature of which all physicians are acquainted. Now, should any one be so inconsiderate as to urinate at Pittsburg, he would destroy, on homœopathic principles, all the people of all the towns between the Alleghenies and the Balize! Does any one pretend to believe that such mixtures are potent in the removal of disease? No sane man believes it. And yet, from this same extreme of homœopathy, the Eclectics have gained some valuable truths; they have taught us the power of the system to expel disease when the physician pursues a "masterly in activity." That a grain of quicksilver will prove more efficient in its work of irritation if rubbed up with one hundred grains of sugar of milk, than when given alone, there can be no doubt. The irritation may not be as intense, but it will be more general. But the worst feature in homœopathic practice, is that their medicines are not what they purport to be—they are often exceedingly strong—concentrations of the most powerful agents, and we believe that few homœopathic physicians would think of employing medicines reduced to the 12th attenuation. The rest of Prof. Paine's book is devoted to hydropathy, chrono-thermalism, some observations on fever, and a glossary. The work taken as a whole, deserves patronage, and we trust that it will meet with a wide circulation.

THE HEALTH OF THE CITY.

Cincinnati has been very healthy this summer and fall, and we trust will so continue this winter. In fact, the city has never been unhealthy, except during the prevalence of some epidemic. Medical students visiting the city, therefore, need have no apprehensions. Last winter we had some small-pox in the city, but this has entirely disappeared, we hope to return no more, as the precautionary measures of the Board of Health are now very perfect.

COOK'S SURGERY.

In our next issue, we shall endeavor to present a critical notice of this work, which came to hand too late for notice in this number. Besides, before we can speak knowingly of a book, we must have read it.

PROCEEDINGS OF UNION ECLECTIC MEDICAL SOCIETY.

By some mail failure, the following proceedings did not reach us in time for an earlier insertion:

FORRESTVILLE, O., July 11, 1857.

Union Eclectic Medical Society met pursuant to adjournment. J. S. Martin, M. D., President, in the chair.

Minutes of the previous meeting read and corrected to read as follows:

Excoriation of the Neck.—Case reported by Dr. Martin. Had used iodide of potassa ʒss, aqua ℥j; gave gtts viij three times a day, and increased gtts iij a day until gtts xvj were given each day.

Note.—The above was incorrectly published in the June No. of the College Journal of Medicine. (Secretary.)

On motion of Prof. Kelly, the minutes were adopted as corrected.

Dr. J. F. Ridgway read an interesting report on surgery, reciting several interesting cases as treated by himself. Report placed on file.

Bronchocele or Goiter.—Prof. Kelly made some interesting remarks concerning the peculiarities of this disease. His treatment consisted as follows: Apply locally the irritating plaster. Give internally the com. syr. stillingia and iodide of potassa alternated with tinct. muriate of iron.

Dr. Ingalls remarked that he also used the comp. syr. stillingia and iodide of potassa internally; and externally he had used the iodine ointment, and had found it an excellent article.

Gonorrhea.—Dr. Ingalls gave the following as his treatment:

℞ Senecin,
Hydrastin aa grs viij.
Iodide of potassa grs xxx. M.

Divide in powders vj. Give one three times a day.

Dr. Ridgway said he generally used a solution of zinci sulphas as an injection.

Dr. Martin stated he generally uses balsam copaiba and sweet spir. of nitre. Prescribed bathing in all cases of this character.

Prof. Kelly, chairman of the Board of Censors, reported the name of J. H. Day, M. D., as duly qualified to become a member of this Society.

On motion, he was admitted a member by signing the constitution.

Syphilis.—Several cases reported by Dr. Ridgway, accompanied by interesting information in regard to its treatment.—Generally uses the following:

℞ Cloride of gold and sodium, grs. ij.
Syr. prunis virginica, f℥ iij.

Give f℥ j three times a day.

In one case reported, used the following locally:

℞ Nit. acid,
Tinct. opii,
Tinct. aconite, aa f℥ j.
Aqua rosæ, f℥ vj.

Apply with equal parts of honey to the throat as a gargle.

On motion of Dr. Ingalls, the Society adjourned to 1½ o'clock, P. M.

AFTERNOON SESSION, 1½ O'CLOCK, P. M.

Society met pursuant to adjournment. President in the chair.

Prof. Kelly reported the names of Drs. Gerard, Woodruff, and Benjamin F. Slye, as suitable persons, and qualified to become members of this Society, and offered a motion for their acceptance, which was adopted.

Dr. Marsh then read an essay upon invermination or worms, giving symptoms, treatment, &c.; also scrofula, reciting cases as treated by him.

On motion of Prof. Kelly, a vote of thanks was tendered Drs. Ridgway and Marsh for their reports, and that a copy of the same be placed on file in the office of the Secretary.

Dr. Ingalls presented an interesting paper upon the use of podophyllin as a remedial agent; also giving a series of experiments in combining it with other agents in order to modify its drastic property. Paper placed on file.

Dr. Marsh reported an instance where a lady of his acquaintance, accompanied by two children, were walking in the woods, and finding some ginseng growing, gathered and ate a quantity of it. They felt no unpleasant sensation from its use, notwithstanding, by the next morning, the lady had discharged about seventy worms, and the children about fifty between them. They were the ascaris lumbricoides. Not being apprised of any anthelmintic property belonging to the ginseng, the question seemed to be, what property it was that produced so copious a discharge of worms from the three persons at the same time?

Prof. Kelly remarked, that the above reminded him of a case to which he was called some time since, that was supposed to be poisoned by eating polk root. Found his patient with considerable fever, and uneasiness in the bowels. Learned from one of the children that it was not polk root they had been eating, and, at the same time, produced a root of the same. Upon examining, it was found to be ginseng. Administered a cathartic; and, in a short time after, a copious discharge of worms followed. Is inclined to think that the stimulating property of ginseng produced the effect upon the worms.

Dr. Marsh also reported two cases of tape worm as coming under his notice. One case was that of a boy who had eaten a large quantity of sugar, and soon after discharged sixteen feet of tape worm. The other was that of a man, who was directed to eat a large quantity of sugar (in view of the above) for the purpose of testing its merits in his case. He thinks he ate over a pound; and in about five hours discharged twenty-two feet of tape worm.

Prof. Kelly remarked, that he had noticed in the use of pink and senna without the sugar, its action was not so prompt and efficient as when used with it. Thinks the sugar an essential ingredient in the use of the above agents.

Prof. Newton, of Cincinnati, being present, made some interesting remarks upon the treatment of tape worm.

Dr. Ingalls stated that he generally prescribed the following for worms:

℞ Podophyllin, grs. ¼.
Leptandrin, grs. ij.
Xanthoxylin, grs. j.

The above to constitute one powder. Give one three times a day.

Dr. Ingalls offered the following resolution, which was adopted:

Resolved, That the President appoint a committee of one, to report at our regular meetings on the nature and modus operandi of our concentrated remedies.

Uterine Hemorrhage.—Prof. Newton recommended the oil of erigeron as an excellent article in such cases. Had given it in doses of fifteen drops every half hour.

Prof. Kelly remarked that he generally prescribed the tinct. veratrum viride to regulate the action of the heart and arteries. Had given the oil of erigeron in doses of eight drops every half hour. Also had used a wet bandage and compress. Recommended the above tinct. in rigidity of the uterus.

Dr. Marsh said he had used the oil of erigeron and a wet bandage with marked benefit. Would not be without the oil in any case whatever of uterine hemorrhage.

The President appointed the following committees to report at the next meeting of the Society.

On Obstetrics—J. H. Day, M. D.

On Medical Practice—J. F. Ridgway, M. D.

On Surgery—Prof. Kelly, M. D.

On Concentrated Remedies.—W. M. Ingalls, M. D.

On motion of Prof. Kelly, the next meeting of this Society was established at Amelia.

On motion of Dr. Marsh, the Society adjourned to meet at Amelia, on the 10th of October next, at 10 o'clock A. M.

J. S. MARTIN, M. D., Pres.
R. MARSH, Sec'y.

After the adjournment of the Society, Prof. Newton addressed a large and respectable audience upon the rise and progress of the medical profession. A good number of ladies were present, with their smiling countenances and approving looks, showing that there was *some* respectability belonging to the profession at least.

SECRETARY.

LETTER TO DR. C. H. CLEVELAND.

SIR:—You ask of me the nature and contents of the letter that I wrote to R. S. Newton. At the time I answered you I did not recollect; I am now able to state what was the nature of the letter referred to. I simply stated to R. S. Newton that I had received a very slanderous pamphlet and sent it to him, for him to see what private advantages the bogus Faculty were taking of the Eclectic Faculty. The reason why I did so, was simply this: I have always condemned calumny and detraction. You were endeavoring to make a false impression upon my mind, and that, too, by statements that I knew to be false. Now, if you had have known it, you could have spared yourself the trouble of sending me anything slanderous of the Eclectic Faculty, for two reasons: 1st, I do not believe anything from you, because I have read all that has been written on both sides of the question, ever since the first breach of friendship up to the present; I knew the statements to be false, that were made in relation to Newton and Freeman's expulsion, I also knew the other statements, in relation to Newton's incompetency, to be equally false. I have his work on Surgery (viz., Newton & Syme's Surgery), which is one of the best works in the world. I have also Newton & Powell's Practice of Physic, which is one of the best works on practice now extant. You represent him as morally depraved, (viz., you say he cannot be relied upon) if that be so, he is badly indexed in his portraiture exhibition. Now you stated to me in your letter that the Faculty would grant me a diploma for fifty dollars, now you can save yourself of that trouble, for I would not now have a diploma from your bogus concern; you are very ignorant, or think that I am; you really suppose that I do not know the principle of a diploma after receiving three? Now I knew you supposed that you could get fifty dollars, but you are quite mistaken. I am offered a diploma from New York University gratuitously. So I am from Philadelphia. You certainly were non-compus-mentus when you wrote that letter. Now you may save your paper for better purposes, we are too well posted in the South to be imposed upon by such operators as the bogus fraternity. Men that would keep in their employ a negro-stealer or harborer, are not countenanced in this country. No young man would think of receiving a medical education in a school where the Faculty had a negro-stealer for their publisher. You had better join Walker in Kansas. You need never issue another bogus advertisement; you cannot rise with it in the South, where people are informed. My counsel to you is, that you cease the detestable work of detraction, and endeavor to rise upon your own merit, and not by the downfall of others, &c.

I. J. M. GOSS.

PROSPECTS OF THE INSTITUTE.

The first preliminary lecture was delivered to-day (Oct. 1), to more than the usual number of students. The regular course will commence on Monday, October 12, and from the present indications, we shall have a class much larger than usual. We always believed that truth and right would triumph over falsehood and fraud, and hence our success. The females having evacuated our halls, the gentlemen who attend may expect a full and legitimate course of lectures, without the annoyances incident to the presence of "hoops" in the lecture room.

THE SCALPEL.

This sterling quarterly, edited by our friend, Ed. H. Dixon, M. D., 42 Fifth Avenue, New York, filled with its usual racy, good sense articles, is before us. We always hail the Scalpel with pleasure, for we know that in its pages we shall find a rich feast. It is a quarterly of 64 pp. at $1 per annum. Send and get it, for no dollar can be better spent.

METROPOLITAN MEDICAL COLLEGE, NEW YORK.

The next course of lectures will commence on the second Tuesday of November, and continue fourteen weeks.

H. S. Lincoln, Professor of Medical Jurisprudence.

J. D. Friend, Professor of Midwifery and the Diseases of Women and Children.

H. A. Archer, Professor of Theory and Practice of Medicine and Pathology.

H. M. Sweet, Professor of Materia Medica, Therapeutics and Botany.

C. H. Coffran, Professor of Medical and Operative Surgery.

J. T. Burdick, Professor of Anatomy and Physiology.

———, Professor of Chemistry.

Fees.—For tickets to all the lectures, $70; matriculation, $5; graduation, $20; Graduates of Reformed medical colleges, $5; Graduates of other colleges, $10.

H. M. Sweet, M. D., *Dean*.

SUSPENSION OF LECTURES IN THE AMERICAN MEDICAL COLLEGE.

In these days of suspensions, we are not surprised to find that the gentlemen of the American Medical College found themselves protested, reducing them to the necessity of shutting up shop. We condole with those interested, but beg to take this occasion to remark that we foresaw this long since, and predicted this result. It required but little prophecy on our part, to point out the inevitable destiny of the sixth or seventh medical school in Cincinnati. The first and second have found the labors they had to perform quite heavy for the remuneration; and if this is so with classes of hundreds, what should we expect when the classes are numbered by *tens?* The "American" never had much foundation, and when the sewer of Cleavelandism was turned into its foundations, it fell, like mush in a quagmire. We trust that those who have lost money in the attempt to establish the American Medical College, may have gained enough experience to compensate them for the collapsed purses which are incident thereto. This is not only the case with the "American," but will be so with others of whom we wot. At any rate, the college is dead, and we trust that though extinct, its friends will give it a decent burial. Now, death may be tolerable when the dead one knows that he will sleep in good company; but to be buried in the Potter's Field, would make almost any man shrink from dissolution. Perhaps the Faculty that was, will understand this remark.

"THE WORCESTER SCHOOL."

We learn from a correspondent, that this establishment had a class of some six or seven at the last session, and that the Faculty thereof graduated several females who had been rejected in the Female Medical School of Boston. This is coming down *a la Cleaveland*. It is no wonder that Prof. Burnham got out from the midst of the petticoats to pursue the legitimate path of his profession.

CLINIC LECTURES.

The Lectures in the Clinical department of the Eclectic Medical Institute will be of more than common interest this winter. Here the student learns practically how to prescribe; besides, he enjoys the advantages of witnessing many major and minor surgical operations. No student should neglect this important department of instruction.

COMINGS' PRACTICE.

In our last issue we noticed some extracts of this work, and shall take occasion to present its claims to support as soon as convenient.

THE

ECLECTIC MEDICAL JOURNAL.

FIFTH SERIES, VOLUME I. NOVEMBER, 1857. NUMBER 11.

Part 1—Original Communications.

THE PRESENT CONDITION AND POPULARITY OF MEDICAL REFORM.

BY PROF. L. E. JONES.

Read before the Eighth Annual Convention of the National Eclectic Medical Association, at Cincinnati, June, 1857.

Being appointed by your honorable body at its last meeting, to prepare and read to you at this time, an essay on the present state of the reformatory schools of medicine, medical literature, the probable number of physicians, comparative success of the practice, and its popularity, I beg leave to report as follows, reversing the order of the subjects in their consideration.

The popularity and comparative success of the practice are most encouraging. From east, west, north and south, we receive the most flattering evidences of the growing popularity of the practice, notwithstanding certain causes, to which I shall hereafter allude, have contributed in some degree to retard it, and render the course of medication less efficient and less successful. It is truly gratifying to the friends of reform, to learn of the success and popularity of the cause wherever introduced by able and efficient representatives. Its popularity in many parts far exceeds that of any other practice, while it is increasing in all sections of country. It has proved itself eminently successful as a mode of medication. It has been thoroughly tested in every form of complaint, and proved reliable, not only in the milder forms of acute and chronic diseases, but likewise in the grave and most formidable of all epidemics, including Asiatic cholera and typhus icterodes. Such are facts which we are enabled to establish by the most ample testimony. Its success in many of the most dreaded epidemics, has inspired full confidence in its efficacy in all places where it has been judiciously practiced.

As to the number of Eclectic and other physicians of the reformatory schools, we have no means of ascertaining definitely. We believe the number exceeds four thousand. It may not be so great, it may be more. Many are engaged in the practice who have never attended lectures in any of the Eclectic or reformatory colleges. Many have abandoned the practice for their ease—for more lucrative or more congenial pursuits. Some have embraced Allopathy, Hydropathy, Homœopathy, Animal Magnetism, Psychological Medicine, or some other modes of medication or speculation, not more tangible than some of those just named. To counterbalance these losses we have the satisfaction of knowing that a far larger number have surrendered their allegiance to Allopathy and other systems of practice, and attached themselves to the ranks of reform. Whilst many Allopathic physicians have boldly proclaimed their attachment to Eclecticism, and full confidence in its superior efficacy, many thousands have become partially converted to it, and are now testing it as a system, and its new and healthful remedies; so far as their experience has gone, so far have they become confirmed that the remedies are reliable, and the system superior. The simplicity yet potency of the Eclectic practice addresses itself to the common sense of all candid minds. Sentiments of medical reform are taking deep root in the minds of former opponents, and although many may still adhere to Allopathy, and with that conservative attachment heretofore so strongly manifested, yet a more liberal spirit is being infused into the minds of many, and in time they will endorse the safety and reliability of our system of practice. Time, careful tests, and ample experience, can not fail to convince them of its safety and superiority.

Amongst the many publications which have emanated from the Eclectic branch of the medical profession, may be mentioned the works of Dr. W. Beach, including his three large volumes, styled his *American Practice of Medicine*, his *Obstetrics*, *Lexicon*, *Physiology*, &c.; *Jones and Morrow's Practice*, *Potter's Compendium of Eclectic Practice*, *Newton and Powell's Practice; Chapman on Ulcers*, by Prof. R. S. Newton; *Syme's Surgery*, by the same author; *Hill's Eclectic Surgery; Physiological Botany* and *Positive Medical Agents*, by Prof. Bickley; *Organic* and *Inorganic Chemistry*, by Prof. Sanders; a work on *Materia Medica, Domestic Medicine, and Howard's Practice*, by Dr. J. Kost; a work on *Materia Medica*, and another on *Obstetrics*, by Dr. J. King. In addition to the foregoing volumes, others of a reformatory character have been published, and are on the eve of publication, together with a large number of medical periodicals, including the *Eclectic Medical Journal*, *Newton's Express*, the *Southern Medical Reformer and Review*, the *Memphis Journal of Medicine*, the *Journal of Medical Reform*, and the *Middle States Medical Reformer*. The various medical works have met with ready sales, while the medical journals of merit have been liberally patronized.

Eclectic and other reform medical colleges are now found in several States; one of which exists in Philadelphia, another in Boston (formerly located in Worcester, Mass.), another in Memphis, Tenn., another in New York, and another in Macon, Ga.; to all of which I have written for statistics concerning their organization, the number of students, present and future prospects, literature, &c., but as yet have received answers to but two of my communications. I am therefore unprepared to give the required information. From intelligence received from other sources, I believe all are in the enjoyment of a fair degree of prosperity.

REFORM MEDICAL COLLEGE,
Macon, Ga., *May* 25, 1857.

PROF. L. E. JONES:

DEAR SIR—Yours of the 11th inst. was duly received, and I will give you as early a reply as my duties will allow.

Our college was organized and the first course of lectures delivered in 1839, and our charter obtained in 1840. We have but one session per annum of four months, from November to February inclusive. Our classes have varied from fifteen students to seventy. The last five years have showed us a gradual increase every year, and our prospects are indeed flattering for the future. We have a large work on the Reform Practice now passing through the press at the rate of fifty pages a week, which will be on sale by the opening of our session in November next. This work is under the supervision of our Faculty.

We estimate two hundred reform physicians in this State, and in South Carolina and Alabama an equal number. The success attending our physicians has been such as in many sections to give us nearly the whole business; and it is estimated that our profession is as popular throughout this State as the Allopathic. The success of our college in obtaining two appropriations from the State, clearly shows that we have a strong hold on popular favor in Georgia.

Respectfully and truly yours for true medical reform, I. M. Comings.

New York, June 2, 1857.

Prof. Jones—Dear Sir: I have yours of the 25th ultimo, and proceed briefly to respond to your inquiries.

1. The only Reform medical college in this State, at the present time, is the Metropolitan Medical College, located in this city. This school has held six sessions. It was organized under what is termed the "General Act" in 1852. During the last session of the legislature, it received a special act of incorporation, granting all the powers and privileges that are conferred upon the other medical colleges in this State. During the last year thirty-one students have attended lectures in this institution—graduates, twelve. The number of professors is six. The students of this college are admitted, without charge, to Bellvue and Ward's Island Hospitals, and to other kindred public and private institutions of the city and vicinity. The course of instruction embraces lectures upon medical jurisprudence, midwifery and diseases of women and children, theory and practice and pathology, materia medica and therapeutics and medical botany, anatomy, physiology, surgery, and chemistry.

2. The Faculty issue a monthly periodical, the *Journal of Medical Reform.* It is now in its fifth year of publication, and is under the editorial charge of Prof. Friend, who is also preparing a work for publication on midwifery, etc.

3. The number of Reform medical and Eclectic physicians in this State is not far from three hundred. In this city and its immediate vicinity, about seventy. In the State of Connecticut there are two State medical societies—the Botanico-Medical and the Eclectic Medical Society. Both of these are incorporated by special act of the legislature. No State, perhaps, has a more intelligent and successful class of reform physicians than Connecticut, and consequently the practice is pretty popular. In regard to New Jersey, I have not sufficient data upon which to base an answer to your inquiry. There are a goodly number of our physicians in the State, but I have no means of judging of the success of the practice, or the popularity of the cause.

4. The reform medical physicians, judging from personal observation, and the testimony of their friends and patrons, are highly successful in practice. It is a rare circumstance to hear of an intelligent and well informed physician of our school losing a case of scarlatina, variola, or typhus fever; and their usual round of practice shows results which are not only gratifying, but such as reflect credit on the medical principles on which it is based.

5. This inquiry is, perhaps, sufficiently responded to by the above.

Our medical principles are gradually making their way among all classes of society. We are not losing ground, but are steadily advancing in the confidence and respect of the community. Public sentiment no longer responds with unanimity to the claims of what was once recognized as the "regular practice;" it is divided between the various medical sects. The former is no longer regarded by State authority as the only rightful and legitimate practice of medicine; and there is no doubt that the different sects in medicine in this State, who claim to be "medical reformers," outnumber those who are still attached to the "Allopathic" profession.

The Reform Medical and Pathological Society of New York and Brooklyn is an organization which brings us together twice a month. Its objects are indicated by its title. The meetings are replete with interest and instruction; their value and importance to us all can scarcely be overstated. A bond of union and *mutual protection* has thus been formed, which our brethren throughout the country might practically imitate without disparagement to their own interests or the cause in which they are engaged. Had "*organization*" been one of the elements in the past history of medical reform, our cause would to-day be far in advance of the position which it occupies.

In regard to the "present and future prospects of our cause and college," I would say, we have no present source of discouragement, and the future is full of promise. I do not say this thoughtlessly or simply to give expression to a hope which has no real basis. Every where throughout the State there is a determination manifestly to emulate the labor and zeal which first served to awaken public attention to the claims of medical reform. The meetings of the New York State Botanical Society, within the last two or three years, have been largely attended, and its twenty-second annual meeting, which occurs on the 9th inst., will, beyond doubt, be the largest which has been held in many years

The prospects of the Metropolitan Medical College, since its charter by the State, are gratifying to all who are concerned in its management. Its trustees and Faculty are determined that nothing on their part shall be done to lower the standard of medical education. We trust that we are all adequately impressed with the importance of a thorough medical training to all who seek to enter the profession, and assume its duties and responsibilities.

Hoping that the approaching session of the National Eclectic Medical Association may be one of profit to its members, and redound to the success and elevation of the cause of medical reform,

I remain very truly your friend,

H. M. SWEET.

I now come to notice the Eclectic Medical Institute. This institution was chartered in 1845. The number of its matriculants up to this date is about 2,555, giving a yearly average of nearly 213 students, from the time of its incorporation to the present period.

Notwithstanding the liberal patronage of the Institute, yet there have been causes, as I believe, which have retarded its progress, and seriously affected the reputation of our cause, and the popularity of the Eclectic practice. I deem it proper to submit a brief notice of these causes to the consideration of this Association. I allude to the doctrines taught, both in his public and private lectures, and likewise in a monthly periodical and volume on Anthropology, by ex-Prof. Joseph R. Buchanan. I conceive if the doctrines which he inculcated are true, then is practical Eclecticism false, and medical reform a humbug. After presenting a few extracts from his published works, and making a few comments, I shall leave the convention to form its own conclusions as to the truth or error of my positions.

In his Journal of Man, page 413, he says: "Those of a high grade of impressibility are capable of feeling the characteristic influence, even when the medicine is enveloped in paper, or contained in a glass vessel hermetically sealed."

On page 415, he says: "He [man] is enabled to determine your health, and locate and describe your disease. * * Thus we have a most important means of diagnosis for the investigation of disease, and but for the injurious effects of the examination upon the subject, the method would undoubtedly become one of general application."

A convert to this doctrine experienced the sensation of pin worms in his own rectum at different times, by taking the hands of several infants (his patients), and also that of a young lady, into his own for but a moment. He finally found himself compelled to abandon the profession of his choice, owing to the effect of this teaching, as he imagined himself so extremely impressible as to be unfitted for the practice of medicine.

On page 219, he asserts that medicine need not be introduced into the stomach, applied to the surface, or smelled, "for if the medicine be enclosed in a glass vial hermetically sealed," the same results follow; "for the glass interposes no great obstruction." If this doctrine be true, why not direct the patient to hold a vial in his hand containing the required medicine, (whether powder or tincture,) and thus allow him to escape the punishment of swallowing it? Would not a vial containing saw-dust, hermetically sealed, if held in the hand, answer the same curative purpose, as one filled with lobelia or jalap? If this doctrine be true, does it not follow that every species of our food would prove equally nutritious and sustaining to our bodies, were it administered by holding a vial in the hand containing it, this being also hermetically sealed? If such doctrines be true, are they not fatal to practical medicine? Certainly any *substance* in the form of a drug is unnecessary, and its exhibition superfluous and cruel.

On page 329 he says, "Huge doses of drastic medicines, profuse purging, depletion by the lancet, and other measures which might have been tolerated by the rude constitutions of a barberous age, are entirely unnecessary as well as injurious, and that the gentler agents of the Materia Medica, the delicate appliances of homœopathia, animal magnetism, and psychological medicine are entirely sufficient for the treatment of disease."

Gentlemen, if "*the delicate appliances of homœopathia, animal magnetism, and psychological medicine are entirely sufficient for the treatment of disease,*" then is it not barberous and absurd to torture the sick with nauseous and drastic drugs? If these doctrines be true as taught by Dr. Buchanan for ten years past in this college, then does not the whole superstructure of medicine fall to the ground? Are they not subversive of medical reform, and indeed, of all *positive* medication? These doctrines are certainly antagonistic to those inculcated by the founders of this Institution, and to the entire system of active practical medication which Eclectics, as well as all rational medical men, have advocated and pursued. If the prosperity of the college, and the success of its graduates, depend upon sound practical instruction, then certainly these doctrines have been calculated to blight both. They have caused disrepute and shame to weigh down the success of the college, the reputation of its graduates, and the cause of Eclecticism, in proportion to the extent of their influence and fallacious character.

On the subject of "Impressibility" he says, (see Anthropology, p. 43): "Touching Disease" (one of his neurological organs), "he" (the experimenter) "feels a debility and pain diffusing through his system, developing latent morbid symptoms, and seriously injuring his health. Laying his hand on the region of Firmness and Health," (two other neurological organs on the back and shoulders,) "he receives a strengthening and beneficial influence."

The first portion of this paragraph clearly shows why the convert to this doctrine was compelled to abandon the practice of medicine. The worms in the bowels of his infant patients, and in those of the young lady, so seriously affected his own, that he was driven from the profession; and such, it is understood, has been the case with many more, if not, indeed, with all the prosolytes, to those futile doctrines.

Again, he affirms, (see Anthropology, p. 44), that "he can place his hand upon a letter and feel from it the nervaura imparted by the writer." He also says he can comprehend the disease of the patient by "touching the appropriate organs." "There is another striking display of impressibility in the use of medicines. Without swallowing, tasting, or smelling the medicine, simply by holding it in the hand or upon the surface of the body, its whole effects may be realized and accurately desdescribed. But even contact is not necessary."

This is but a repetition of the doctrines published in his Journal of man. If true, then it is not only folly, but worse than useless, to punish our patients by drenching them with active drugs?

Again, he says (see page 374) "In these animal conditions there is a great physiological value," (that is when man assumes the distinctive characteristics of "fish and reptiles," "birds," the "dog or horse,") "as they are highly applicable to the treatment of disease. The aquatic or cold blooded condition is especially valuable as an antiphlogistic agent in cases of inflammatory irritation, or excessive activity in the brain and lungs. It soothes and tranquilizes the respiratory organs in a very remarkable manner."

Gentlemen, is this Eclecticism? Are these Eclectic "antiphlogistics"—Eclectic tranquilizers of the inflamed lungs? What is it that is so valuable as an antiphlogistic? What is it that soothes and tranquilizes the inflamed lungs?

Dr. Buchanan informs us that it is the *aquatic, or cold blooded condition* of the fish, frog, toad and serpent, that is such a potent antiphlogistic. But what is a *condition?* certainly nothing material, nothing that can be touched or handled; but a mere state of something—an ideal thing or state only. How can it be obtained—how administered—or how applied? Should the condition—the *cold blooded condition*—of "fish and reptiles" be swallowed whole or in halves, or applied to the surface to relieve phrenitis and pulmonitis? Should that prescription be made out in due form and sent to a druggist, in what bottles, jars, or drawers would he find eight ounces of "*the aquatic or cold blooded condition?* May not the physician and teacher of medicine—the professor and instructor of youth in a medical college, as well talk of catching and exhibiting or applying the rays of moonlight—the shadow of a comet—the *condition* of the shadow of the ghost of the ancient Goliath of Gath, or the *condition* of the hard heart of Pharaoh, King of Egypt, as to inculcate the unmeaning doctrine that the "cold blooded *condition*," of "fish and reptiles," (not the fish, snakes, toads, and lizzards themselves, nor the water or mud in which they abound, but their condition,) will cure disease? Have these doctrines any meaning? Will any good grow out of their inculcation? Will they afford the physician support at the bed-side of the sick; or will they vanish like the shadow of a ghost, and like all other dreamy delusions, when something reliable is most imperiously demanded?

Freed from these withering influences and sources of heart-felt mortification, with an energetic practical faculty, with a cause so meritorious and a practice so popular, who can doubt the vigorous reactive powers of "Young Physic?" It will recover from the reproach and odium which such silly and senseless doctrines have brought upon it, and erelong shine as brightly as though never encumbered, overshadowed and disgraced by such darkness, and such abominable vapory delusions.

In conclusion, gentlemen, I will quote the language of the founder of this Institution, the lamented Morrow; in reply to the letter of a confidential friend, he said:

"I also agree with you, that Prof. Buchanan's extravagant notions of phrenology and mesmerism are doing much harm. His receiving letters from all points of the country, and passing them over the skulls of his brainless dupes, and thereby pretending to delineate human character, is a consumate hoax, and one which, however embellished in his mysterious Journal of Man, is, nevertheless, a dark stain on the fair fabric of Eclecticism. * * * * * "As you suggest, his vagaries and hypothetical doctrines tend to mistify and blind the minds of students, and make them anything but practical men."

Let every true friend to medical reform, rejoice that the wishes of Dr. Morrow are finally consumated, and that this Institution is now freed from this "consummate hoax," and "dark stain on the fair fabric of Eclecticism."

FEMALE MEDICAL COLLEGES—PURE AND MIXED.

BY PROF. G. W. L. BICKLEY.

Some months ago, I did myself the pleasure to pen several articles on Female Medical Education, in which I attempted to show up the theme in its right light. Causes which need not be here enumerated drew me from my post and labors from March until a short time since. Upon my return, I find on my table a pamphlet and a quarto newspaper: the one emanating from the Female Medical College of Pennsylvania, and the other from an obscure village in the State of New York. The one is the regular eighth annual announcement of a *pure* female medical college. The other is the vehicle for the small talk of the Middletown gossips. Both are honorable publications in their way; the one is legitimately entitled to respect, and the other to notice. Now, with the assent of our friends, male and female, I propose to see what may be said of these respectable documents. The pamphlet I have read with deep interest, because it tells me of a wise attempt to educate females: over the other I've had a hearty laugh at the amazonian attempt of a "strong minded woman" to demolish my arguments. This is a queer old world of ours—plenty of fun and excitement, if one only knows how to elicit them.

With feelings of the most kindly character, I shall enter into a brief dispute with the worthy champion of the *Sibyl*, which is published semi-occasionally for the perpetration of those notions incidental to dress reform. Mrs. Dr. Lydia Sayer Hasbrouck—mercy! madam, I can't. Dr. Hasbrouck—pshaw! I'm not writing to a man. Mrs. Hasbrouck—nonsense! I'm writing to a doctor. What'll I do? LYDIA, my dear madam!—ah! that's it; that sounds to me like the name of a lady, and therefore I'll do the fair thing, by treating you with all the deference your sex can claim at my hands. Should you be so unkind as to force me to recognize you as a *doctor*, I shall then be under the painful necessity of treating you as I would other M. D.'s. How natural it is, my dear Mrs. Lydia, for people to mistake vulgarity for nobility, to receive a counterfeit as the genuine article. In your caustic application to my views on female education, you speak of recording the thoughts which "emanate from the vulgar mind, as well as from the high-toned and noble thinker." Now, fair madam, permit me to suppose that you have yourself erected the standard of nobility; does it, therefore, follow that you are right? A Mormon says none are noble who repudiate Mormonism; free-lovers think none noble who do not conform to their standard of ethics, etc.; does it therefore follow that the conclusion is correct? Now I would not be so ungallant as to attempt to fix a standard of medical ethics, and then demand that you should conform to them, any more than I would contend for the right to decide whether you should wear "pantaloons" or the more appropriate robes of our mothers. I am free to admit that you have an undoubted legal right to rail at legislatures for not letting you vote, or canvass the county for the sheriffalty, but I must be permitted to believe that it will be some time in the indefinite distance, before you will succeed in gaining the public sanction to your wishes.

You take issue with me upon what you are pleased to term "the exploded idea that man honors woman not because she is handsome, but because she is weak and gentle, and relies upon him for protection and support." But I am far from being convinced that the idea *is* exploded; I think it full of truth, and as such it will stand all the bombarding which even the *Sybil* can hurl against it. I well remember this to have been the argument of a female student of medicine, before whom I was once so unfortunate as to be a lecturer, and I must do her the credit to say, she confirmed my remark, plainly telling the class that she did not want man's protection; she could take care of herself, &c.; and though she had been treated by the class with deference to her sex and its weakness, she soon found herself dropped, "like a hot potato." Perhaps we are mutually misunderstanding each other; if so, I will ask to explain. Between physical and moral strength there is a wide difference. The weakest female physically, may be morally a Samson; but that the physical Samson is also a moral Samson, I hold to be very rarely true; it is contrary to the nature of things. I do not regard Catherine II as weak; she was morally so, but physically she was a hero in her own way. Hannah Moore was physically weak, but morally she was a giant of strength. The physical man is governed by instincts, the moral man by reason. Now how comes it that the most delicate lady can traverse our country to and fro in every direction, unharmed by the rude insult of her physical superior? Certainly not because his instincts are held in check by fear of her personal prowess; but because he instinctively feels it to be his duty to protect and defend the weak, whether it be woman or child.

But when the bias of fanaticism leads woman to set herself up in the place of man, relying on her own strength and will to propagate her opinions on some political question, she finds her protectors have abandoned her. I remember traveling from New York to Cleaveland in company with a lady whose beauty, gentleness and dignity, won for her the esteem of all. Every gentleman's seat was at her command; every dainty was first passed to her; she always found some one to hand her out and in the cars, to procure water, or in short, to do her any service. Every thing passed on smoothly enough till we came near Painesville, when a wheel gave way, and we found ourselves brought to a stand in the woods, with no prospect of immediately getting on A messenger was dispatched to Painesville to telegragh for an engine from Cleaveland, while we busied ourselves in strolling round the cars. Our fair friend now showed her colors, by leveling her artillery at the engineer and railroad men in particular, and men in general. This led into a general conversation, in which our lady composed one party, and the rest of the passengers the other. Step by step she was led on to divulge her "faith and practice," until some one more bold than the rest asked if she was in truth an advocate for the popular delusion of "woman's rights?" She not only answered the interrogation in the affirmative, but she went into a general exposition and defence of the same. She took your side of the question, and maintained it with great vigor. It afforded us an abundance of amusement, gratified her vanity, and put a flea in our ears. We were finally sent up to Painesville in carriages, where we spent the day in strolling round; and while every other lady found a companion to assist and serve, Mrs. "Woman's Rights" stood alone, grandly magnificent in her solitude, shunned by all, discontented with herself, and for once, at least, taught that that crowd believed not as she did. I afterwards saw no one offer her a seat, no one get water for her, no one hand her in or out; and why was this so? Not a word indicating that she was otherwise than a lady escaped her lips; not an act but which was irreproachable. Ah! we knew her to be one of the "strong minded," who did not need our assistance.

Now, Mrs. Lydia, you brand my view of this matter as a "circulating *lie*," and say, "it is this which has done more to blight and curse the dignity and self-reliance of our girls and women than any other one thing." Why, bless me! madam, in no part of the globe are women so self-reliant as in America. She believes herself strong, and thinking as you do, that she will be respected for her strength, she affects it: before she is sixteen, she can knock the heart clear out of a man by the fire of her eyes. An American woman thinks she can sway the world, and in contests from which grey-haired men shrink in fear, she boldly contends for her rights in the race for championship. I am no stickler for conventional etiquette—in fact, I hate formality, and love beyond measure the warm impulses of a generous woman, who will not faint merely because she catches me in my shirt sleeves. I'm afraid of cold, distant women, and love such as meet me half way, not to grab my breeches, but to tell me, "I am your help-mate; let us pass happily through life, I in my sphere, and you in yours: on the common ground we are equals." Against all those silly and foolish practices which destroy female health, I inveigh as strongly as you; but because one is healthy and robust, must she quit her household duties, and clamor for admission into the medical profession, to the bar, pulpit, army or navy? Men will never object to your good health, but they will object to see you move out of your sphere. You say, "we know there is something horrifying and awful hanging around the atmosphere of a strong minded woman." So do I, Mrs. Lydia, and it is the contact with that horrible awfulness that men fear. Deliver me from a woman whom I have cause to fear; I'd as soon face a tornado, armed with a writ of *habeas corpus*.

Do not imagine, dear madam, that I am an advocate for fashionable foppery; far be it from me. I never yet believed that there must necessarily be found more virtue under a silk than under a linsey gown; you would indeed mistake me, did you suppose such a thing; nor do you admire moral strength in a female more than I—I inveigh only against her disposition to overstep the limits of her sphere, when she does what I call "unsexing herself," and what you are pleased to term "more vigorous, practical and resolute."

As your review of my strictures on Female Medical Education is mostly turned to your own special field of reformation, I have been compelled to say thus much which I conceive to be quite foreign to my purpose. I must do you the credit to say, you have been very fair in presenting my views along with your opinions of the same, and as I now come to canvass the point at issue, I hope you will find me disposed to treat your opinions with all the serious consideration which they deserve.

"We have attended a course of study in a school where both sexes were educated, and have failed to note the heathenish propensity of male students, such as Prof. B. accuses them of." (Sibyl.) But human nature is human nature, find it in Egypt, Japan, or New York. It is the same every where, though educational bias may modify its language in different localities. I have already canvassed the circumstances which bring the sexes together, and need not here repeat them.

"We viewed the human organs as the most perfect work of God, from which alone we could learn the *desired good*, and fit ourselves for future usefulness." (Sibyl.) Is the beauty of organs external or internal? Are they more beautified as a whole and perfect completion of the divine will, or does beauty belong alone to the separate parts of which the organ is composed? Does the bright blush of health and vigor detract from the beauty of the organ, or is it more delicate in the paleness of death, with the evident odors of putrefaction stimulating at least one of the external senses? If you shall answer that the organ is more beautiful as a whole, that the blush of healthy vigor adds to its charms, then I ask why not examine a live organism, the real flesh and blood of a living being. If I sought the anatomical rooms in search of beauty, I should confine my observations to the dissector, and not to the dissected. Physicians dissect the human body to learn its structure, the connection of parts, and their use in the animal economy; not to gaze on the beauty of the human organs merely. The whole truth and philosophy of the ambition displayed by females to enter the medical profession as general practitioners, may be easily explained. It is only one feature of a common rule, many examples of which are to be found in the history of all ages. Love of notoriety accounts for all the phases of female eccentricity of the age. I need not run over the early Jewish records to establish this fact, for from profane history the material is most abundant. I might commence with the career of Thalestris and her people, but that it could serve no useful end in the attainment of the object in view, as I should be told that in those distant ages we are to make great allowances. I admit this, but the motives to action have remained as immovable as the principle of intellection itself. Joan of Arc caused many a bitter sigh to escape from female warriors; and in whatever capacity any woman, by accident or otherwise, has attained notoriety, others have followed in their wake. When Miss Blackwell studied medicine, and got a real, genuine diploma, the press noised it abroad, and others followed in her wake. When

Mrs. Stowe wrote and acquired the notoriety of "Uncle Tom's Cabin," what a swarm followed in *her* wake. Examples of these cases could be multiplied to an indefinite extent. But time is wasted by further parleying; who ever knew a man to have the last word, in a spat with one of the fair? Leaving Mrs. Hasbrouck, of the Sibyl, to persue her own way, I now beg to dismiss her paper, except in so far as the following may apply to her case.

Admitting now, as ever before, that those who intend to practice midwifery should be educated, the question, "Where is that to be accomplished?" naturally suggests itself. In previous articles on this subject, I took the ground that female medical education and female practice should be confined to obstetrics, and such of the collateral branches as would enable her to practice this art. I reiterate the same, and add that since the establishment of the *Female Medical College of Pennsylvania*, with special reference to this subject, no female ought to entertain such a thought as that of attending a medical college where the class is of the opposite sex. I have given my reasons for this opinion, and shall here leave the subject, wishing that all faculties who have to labor before a mixed class may have a good time of it.

I have before me the Eighth Annual Announcement of the Female Medical College of Pennsylvania, located at 229 Arch street, Philadelphia, and I observe among the names of its corporators those of many well known citizens of Philadelphia; and also I notice that the Professors of Physiology, Anatomy, and Anatomical demonstration, are females, so that the very organization of that college sustains the position already taken. If not, why place ladies in those chairs? There have been graduated in that school one hundred and sixty-six females, and the reflection comes strongly upon me, how many of that number will realize their hopes? I think the fair ones who have undertaken the practice of physic will soon learn that they have got into deep water. However, that is no business of mine. "Let every tub stand on its own bottom." Of the numerous females who have graduated at our school, few are now resident here, though many have made the attempt. And as to any pegasion quarrel the ladies may fasten on me, I can only say, *Pulchrum est accusari ab accusandis.*

AN OBSTETRICAL CASE WITH COMPLICATIONS.

BY I. J. M. GOSS., M. D.

I have just had several complicated cases of accouchment, and for the benefit of the younger members of the profession, I will report one. I was called in great haste to Mrs. M. E. W.; on arriving I found her in labor, and I learned that she had been for about 24 or 30 hours, attended with feeble uterine contraction, but very dangerous hemorrhage. On examination, I found the os tincea sufficiently dilated, and I immediately commenced the administration of caulophyllin and macrotin, to increase the expulsive power of the uterus, and thereby to restrain the flooding —which had continued already too long; but for a considerable time, the contraction seemed but slightly increased, and consequently, hemorrhage continued. So I commenced examining my pocket-case, for the oil of erigeron, but found none; it was a considerable distance to my residence, and I deemed it impracticable to await until I could send and get some of the erigeron. I finally concluded to make the best shift I could, so I took up a vial of acetate of lead, and made out a dose, and gave with a few grains of comp. powder of opium. I continued this for several hours, but the flooding now became really alarming; I thought I should lose my patient, and that for the want of one single remedy; I finally concluded to search my saddle-bags, which I did, and to my great satisfaction, I found a mixture of nitrous æther and oil of erigeron that I had prepared, and had forgotten it. I now commenced with large doses of this, and in a short time, succeeded in arresting the hemorrhage. I increased the dose of caulophyllin, adding a small quantity of ergot, which now began to intensify the pains, or to increase the bearing down, as the women call it. I soon was able thus to terminate the expulsion of the fœtus, but I found the flooding again to set in, so I gave more caulophyllin and ergot, and compressed the umbilicus to produce contraction, but to no purpose. I applied cold cloths to the nates suddenly, and occasionally produced gentle traction upon the funis; all failed. I now grasped the uterus in my hand as firmly as I could without risk of damage, and in this way I finally produced contraction sufficient for expulsion of the placenta. The hemorrhage seemed now to cease, and the uterus to contract, and the child being very feeble, I turned my attention to that, as the parents seemed very anxious that it should be relieved, as it was their first. I charged the lady to inform me if she should feel any return of the flooding. After the child appeared relieved, I returned to the mother, and asked if she was flooding, but she said not; but after some time had elapsed, she complained of feeling sick, and being blind. I concluded that the uterus was not contracted, so I grasped it in my hand, and immediately an enormous quantity of blood gushed out. I now gave a large portion of the erigeron, and applied the wet cloth again to the nates, and thus by first grasping the uterus, and then applying suddenly the cold cloth to the nates and thighs, I succeeded in producing permanent contraction, and a cessation of the hemorrhage. I thought all was now well, but suddenly I was again summoned to the patient, who was very pale and threatened with syncope. I applied ammonia to the nostrils but that failed to give much relief, so I gave a few drops of it with a small quantity of wine whey; this I had to continue through the night, and in the morning she appeared so revived that I left, with instructions that if any unusual symptoms presented, I wished to hear as soon as possible. All went on well until evening, the woman began to feel great pain in the region of the pelvis, and on inquiry, I found that the bladder had not been emptied since she was delivered. So I introduced the catheter and drew a large quantity of very offensive urine. On introducing the catheter I found no stricture, so I remained until morning, hoping that she would be able to evacuate the bladder herself, but I found her still unable so to do. She said she felt no desire to urinate, but the bladder felt distended and painful; she was again relieved by catheter. I left, telling them if she did not urinate through the day, to let me know in the evening, which they did, and again I drew the water, and thus I continued to do for several days, notwithstanding I gave uva ursa, buchu, and pipsissawa regularly, and had the hips rubbed with a strong liniment three times a day. The woman gained strength, but the bladder still seemed palsied; I now determined to try nux vomica, the tincture of which I gave from 20 to 25 drops, three times a day, with the muriate of iron; this restored the bladder to its wanted sensibility and muscular contractility. The lady is now up and doing well, though I often thought she was doomed to die.

Thus we see what science and experience will accomplish. Hail to Eclecticism! If I had here depended upon Allopathic remedies, I should have lost my patient. The acetate of lead seemed to do no more good than that much saw-dust, but oil of erigeron arrested the flooding instanter. The Eclectic remedies, concentrated as they are now, really seem to act like magic in many instances. I write this for the benefit of those who have just entered the area of professional responsibility, that they may profit by my experience, for indeed this was a critical case, although it was saved by careful management.

THE truth of Eclecticism, like the falls of Niagara, thunders the downfall of medical error every where.

BRONCHITIS.

BY J. A. HENNING, M. D.

The symptoms, diagnosis, and prognosis in this malady, are all well known to the profession, and to give a minute description of them in this article would be only superfluous, and occupy more space than designed; hence I will pass on and give the history of the following case.

A. H., aged 40. A tolerably fair specimen of the sanguine-bilious-lymphatic temperament. He was taken July 10, '56, with a common catarrhal affection of the bronchial tubes, accompanied with lassitude, chilliness, slight cough, a sense of tightness and oppression of the chest. pain in the forehead, with some little febrile excitement toward evening. In the course of a few days these symptoms increased, with laborious respiration, attended with a rattling or wheezing sound, as if the air were passing through a small aperture clogged with a viscid fluid. At this stage of the disease Dr. T., the family physician (a regular Allopathist), was called to treat the disease, and attended him four weeks, without any beneficial result whatever, but was growing worse under the treatment, and consequently the doctor was discharged. August 10, I was summoned to see him. Upon examining the case closely, I found the above were the premonitory symptoms, and at present congestion of the superior lobe of the right lung, with inflammation of the bronchial tubes. Respiration somewhat hurried and oppressed, and more difficult in the recumbent than in the erect position; pain in the right side and at the bifurcation of the trachea; would cough considerably, and the expectoration was of a viscid and purulent character; coughing would occur in fits of considerable violence and increase the pains in his breast and forehead; bowels were irregular; urine scanty and high colored, occasionally suppressed; pulse 100, small and contracted; tongue somewhat red at the tip and margins; skin dry and husky. Considerable drowsiness would occur when the secretion of mucus in the bronchi was very copious and respiration obstructed.

TREATMENT.—Calomel and venesection were administered in this case, and what other medicines were used I could not learn. The patient remarked that the old school system was his favorite one, and always condemned Eclecticism, but at present would yield to any treatment, if my opinion was that it would restore him to health. A young physician must not promise too much in such or similar cases, and always ask for sufficient time.

I first commenced with the comp. powd. of lobelia, to produce free emesis; it operated well and was highly indicated in this case. To move his bowels, and produce a free action of his liver:

℞ Podophyllin
Sanguinaria aa. gra. iv
Leptandrin gra. viij M.

Divide in ten powders, take one powder every four hours until there is a free evacuation of the bowels. For an expectorant:

℞ Tinct. lobelia
Syrup ipecac aa. ℥ij
Tinc. sanguinaria ℥j M.

Take ʒj every two hours, to produce free expectoration and slight nausea. For a diuretic:

℞ Balsam capaiba ℥ij
Sweet spts. nitre ℥j
Oil juniper ʒij M.

Take ʒj three times per day. A warm pediluvia at night, with sinapisms to the breast and nape of the neck.

14. Found him a great deal better, and improving in every respect. Pulse 80, full and soft. Tongue clean, but slightly red; pain in the breast and forehead have left him. Free expectoration of a purulent character, not so tenacious as it was a few days ago. For an expectorant:

℞ Syrup seneca
" ipecac aa. ℥ij
Tinc. sanguinaria ℥j M.

Take ʒj every two hours. Continue taking the diuretic drops. The patient is rather of an enemic habit, therefore ordered

℞ Pre. carb. of iron ʒij
Comp. syr. stillingia ℥iv M.

Take fʒj four times per day. Continue the warm pediluvia at night, and sponging the entire surface with friction.

18. To-day has been able to walk about the room, and some little out doors; clear of pain in his body; rests well at night; appetite moderately good, bowels regular; cough subsiding very fast. Continue the last treatment at longer intervals.

22. Is about well and attending to some business. Continue taking the expectorant and comp. syr. stillingia for a few days.

We are recommended by Prof. Eberle, in this form of disease, a highly antiphlogistic treatment, which generally consists of bleeding, purging, mercurialization, &c. With what propriety such treatment is recommended, I confess I do not comprehend; but my experience taches me that our efforts should be to produce centrifugal action in the system, and a strong depurating one on the part of the kidneys, liver and skin; and by acting upon these depurating apparatus, we will relieve the bronchi of this labor, and they return to their natural functions.

LETTER FROM DR. BURR TO DR. T. W. YOUNG.

TUSCARAWAS COUNTY, OHIO,
August 24, 1857.

DEAR SIR: I have just read the proceedings of the Eclectic Medical Association of Indiana. I write to congratulate you on the movement, and to express the desire that each of its members (in common with the body of medical reformers of your State) may perseveringly keep up and extend your organizations, and by concert of action be mutually benefitted; and teach that more progressive spirit of hunker Allopathy, which has long claimed pre-eminence (if not perfection), that there is merit and philosophy without the pale of its dogmatism and routine practice. But for the influence of medical reform, Allopathy would to-day be a life-time behind its present condition. Who among them now as formerly bleed, salivate, vesicate, and with every poisoning remedy (so called) within their power or reach, seek to suppress and control the recuperative powers of the *vis medicatrix naturæ*, under the delusive supposition that they were combatting pathological conditions? Have they *voluntarily* abandoned, to some degree, the almost indiscriminate use of their formerly most dangerous and vaunted weapons? Far from it. They have fought and violently opposed every innovation and improvement in theory and practice, even when emanating from their own ranks, and if possible, with still more vindictiveness if from without. Then why have even old school medical men made some progress of late years? Simply from the force of popular views and sentiments. And why have the people demanded a more safe and sanative medication?

Ans. 1. Because the common sense of mankind always revolted at the preposterous practice of letting out part of the life blood; then with mercury, arsenic, antimony, etc., vitiating the balance, and deranging the whole man in order to cure him.

2. Medical reformers of various grades and schools have done much to enlighten the public mind, through their private teachings among the people, through the papers and periodicals of the day, through the reform medical press in an eminent degree, and also through their numerous and respectable schools and colleges; but above all, by *proving* to the people by their *practice*, that there is a more excellent way than that of following in the unsuccessful, but long beaten track of illiberal and proscriptive allopathy. But whilst recounting some of the noble results of enlightened and liberal medical reform, it is but justice to others to acknowledge that we have been much aided by many of the more progressive minds, pens and presses in the other departments of literary and scientific society. The ministry, the bar, but perhaps above all, have we been aided

by phrenologists in bringing to the knowledge of the masses a true knowledge of the functions of the brain and nervous system, practically applied and clearly demonstrated by the laws of physiology, hygiene and therapeutics.

I am much pleased with the liberality manifested by your society toward all the reform schools of Cincinnati and elsewhere. They each and all have merits and advantages peculiar to themselves as well as common to reformers generally, and a medical society should be careful not to paralyze any thing meritorious in any department of reform. Perhaps nothing has done more to retard the progress of rational medicine, than the discordant conduct of its professed friends. If the belligerant Faculties of Cincinnati and elsewhere, are weak or wicked enough to spend their strongest efforts in traducing and defaming each other, let their iniquity and its consequences rest upon their own bodies; but may our State and local medical associations in Reform, stand aloof from their impolitic conduct, recognizing and approving all that is truly meritorious in each; and if hope of reformation can be entertained in reference to any or all of them, aid them in all laudable undertakings; or if hopeless cases, administer to them a merited rebuke, and refuse all intercourse until they prove themselves worthy thereof.

A partizan or sectarian feature should never find countenance by a reform medical association, but its terms of membership should be liberal and accessible to all true reformers, irrespective to minor differences of theory and practice. The laws, rules, and regulations, of such medical associations, should be as liberal and *general* in their nature as possible, avoiding all peculiarities held by some, but not endorsed by others. During my 36 years practice, I have had some experience and observation in getting up and maintaining medical associations, and would suggest to you the propriety of graded membership; say members in full, to be medical men (or women, if worthy and qualified) alone; also collateral or honorary members. Every section of our country abounds with literary, liberal minded, and progressive persons, who would deem it an honor, and find it pleasant and profitable to themselves, to hold some relation to such societies. Admit such (all things else being correct), to an honorary relation, without any pecuniary liability, and permit them to move any appropriate matter, participate in all discussions, and enjoy all in common with the members in full, except voting on final adoption, and the creation of officers; and thus you will enlist much talent, force, and influence in favor of medical reform, thereby doing good and getting good more extensively than a more restricted policy would ensure. In this I speak from experience.

Members of any Reform association, (especially so in medicine) should be tolerant and liberal in every sense, and especially so, *pecuniarily;* self-sacrificing and devoted men are the ones to give life and permanence to all such enterprises.

JOS. S. BURR.

REVIEW OF BUCHANAN'S ANTHROPOLOGY.

BY PROF. L. E. JONES.

The Consideration of the "Combative and Destructive Region," Concluded. A further Expose of the Author's Ridiculous Absurdities and Contradictions.

In resuming the consideration of the "*Combative and Destructive Region,*" I propose exhibiting to some extent, what I conceive to be the most positive and clearly demonstrable proposition: To-wit; the gross errors, and glaring absurdities of the text; so gross indeed are they as to prove the system utterly false, and totally devoid of all claim to scientific pretention, and the merest chimera and vapory delusion of a weak and sickly brain.

I hope to satisfy the inquiring mind in search of truth, that these doctrines are absurd and contradictory in the extreme.

"Hope," (one of his neurological organs) appears as a "squatter" on the right side of Peggy's thorax, just below the clavicle; and corresponding with it in locality, but on the left breast, is seen the organ of "Mortality." Is it not absurd to locate "squatters" whose offices differ so widely on different sides of the body at precisely the same points? May we not as well talk of different kinds of sight, hearing, taste, smell, feeling, &c., as right and left, when the organs of both sides are perfectly healthy? In other instances, instead of locating different "squatters" on corresponding parts, he "pre-empts," and thus locates three or four "squatters" by the same name on three or four different "claims," unless the soil is pre-occupied. For example, he locates "*Combativeness*" on Dinah's left posterior, and again on the back of Peggy's left forearm; it is also seen on the head, making three different and remote localities for the same organ. Now did the same organs occur on opposite sides, (which appears not to be the case) then each human being would be favored with six of these combative creatures. Again, "*Hostility*" is located on Dinah's left forearm, covering the upper part of the *same* arm and *same* surface on which "combativeness" appears on Peggy's arm. Again, "Adhesiveness" appears as a "squatter" on three different "claims;" first, on the front aspect of Dinah's right forearm; second, on her back below the shoulders; and third, on the head; and if the three exist on opposite sides of the body, then man must have six organs of "Adhesiveness."

On carefully examining Anthropology, duplicates or triplets will frequently be found; different organs occupying corresponding spaces, or a specified organ occupying a given spot on Dinah, and a different organ occupying precisely the same spot on the surface of Peggy, are not uncommon.

The organ of "Calorification" is located half way between the umbilicus and pubis, and immediately after he fixes this "squatter" in the hypogastric region. The author has also located "Calorification or Ardor" on the extreme point of the chin.

He informs his readers on page 368, "that along the margin of the ribs we have Irritability, Fear, Melancholy, &c.," and on page 370 he says, "Baseness lies along the posterior margin of the abdomen, and between the ribs and ilium, connecting above with Irritability, and below with Melancholy, &c." The reader will observe that he has just positively asserted on page 368, that *Melancholy* is found along the margin of the ribs with Irritability and Fear, while on page 370, he as positively asserts that "Baseness" extends from the ribs above, (the exact location of "Insanity, Fear, and Melancholy") downward to the ilium connecting "*below with Melancholy.*" Here it will be perceived, our author creates two organs of "Melancholy" in the abdomen—one in the upper part along the ribs—another in the lower part; while a third is located on the angle of the left jaw. Thus it appears neurology has revealed the existence of three organs, of "Melancholy" on one side of the body, and if the same are found on the other, then there must be six.

Neurology makes the same developments as to the different *regions*. The "Combative and Destructive Region," includes the left *posterior* of Dinah, extending from the *anus* upward to the left inferior ribs, or thereabouts; the "Region of Crime and Selfishness" covers the right posterior of Dinah, commencing two or three inches below the *anus*, and extending two or three inches above the "Combative and Destructive Region" of the left side. What a freak in science! how many freaks appear in the reputed science of our author! Nothing is more common than these *palpable* contradictions. Is there no uniformity in science—no order—no equality as to the numbers of organs—as to points of location, and meets and bounds? If not, then the Architect of man has manifested a want of uniformity, and a disregard of order not observed in any other arrangement in the works of his hands.

Our author often piles two or more organs one upon another. He locates different organs on corresponding spots on opposite sides of the body. Three organs of the same name and function are often found on different and remote parts of the body, and if the author finds each side of the body supplied with the same organs, (which appears to be the case in many instances) numbering two, four, or six, is there any good reason why he may not increase them to ten, or twenty? Is this science? Is it common sense? Did Deity create so many quadruples and sextuples in the organs of man's body, or is it the independent workmanship of ex-Prof. Joseph R. Buchanan? Can these organs be seen, felt, or appreciated by any one but the author of Anthropology? In their creation the author committed many blunders, and perpetrated many contradictions in the indiscriminate overlapping, multiplying, transposing, &c., as is fully evidenced by his great text-book on Eclecticism.

This science is anomalous—an idiosyncracy among sciences. The more irrational and improbable, the more truthful, practical, and valuable, appears to be the motto of the author.

But to return to the text: What evidence have we that this region (the back and hips) is either a "compative or destructive region?' Is it more disposed to combat error, make war, use deadly weapons, or make unprovoked assaults, than any other part of Dinah? In what ways does it manifest belligerant instincts? Is the combative spirit that was aroused by the relentless boot applied to this region satisfactory evidence that it is more "combative and destructive" than the foot that applied the boot? Had the boot been forcibly applied to any other portion of the body, might we not have expected that a spirit of "combat and destruction" would have been aroused? If it is a "combative and destructive region," who are its enemies? what does it combat, and what destroy? Are not the arms and feet as pugilistic and as quick to destroy? How may it be aroused to combat and destruction, except by the *wicked boot?* Do not inquiries of this kind arise in the mind of every man when the terms combat and destruction are named? Do not the use of such terms presuppose a mind, a will, a mental organ, to resolve on a combat or the destruction of something? Is the buttock and adjacent parts a mass of reasoning or calculating brain? And again, if created both "combative and destructive," it must have weapons and its own peculiar mode of warfare, must it not? What acts indicate a combative or destructive disposition? With what would it assail a foe?—fist, feet, or boot? Does it act through the brain, or the brain through it, in demonstrations of hostility, or do they act jointly in the command of forces, and in the use of their implements of war?

Silly as such queries may seem, are they not all suggested to the mind of the reader, when he sees earnest and apparently honest declarations in print, affirming that either the disposition, faculty or function of "combat and destruction," are located on or in the buttocks or neighboring parts? If Dr. Buchanan has *absolutely* proved the existence and location of these warring elements, as he states he has, he has doubtless found the weapon of warfare and combat in use by them, nothing more nor less than a *blunderbuss*, loaded with light carburetted hydrogen, *alias* neurological gas.

But in what structure, tissue, or part, are these thirteen neurological organs found? In what parts do these two regions (combative and destructive) consist? Our author will admit it would be stupid to locate them in the lifeless cuticle; nor will he locate them in the cutis vera, for that is but a simple covering for the entire body, and alike in all its parts; nor will he locate them in the muscles of this region, for some have their origin outside, and others within it—some end in it, and others pass through it or out of it, and he dare not locate them on muscles out of these bounds, and it cannot be possible he would locate an organ of mentality (and these are mostly of that kind) on the stubs of muscles, a short section, or in a part of its fibres. The fascia and fatty tissues do not seem to be the habitation of mind. The bones are a simple chemical combination, alike in all parts, and affording no residence for reasoning faculties. The vessels are mere tubes, serving as conduits to convey fluids, and therefore cannot be the tenements of reason. The nerves are but the telegraphic wires for the transmission of nervous influence from the nervous center, the great galvanic elaborating apparatus of animal electricity, or that pervading sensitive principle or motor force which exists in every structure of the body; therefore, as the nerves of all parts transmit the same principle from end to end, our author would not cut out a section of the *wire*, and call it "Combativeness and Destructiveness," and then again make ten or fifteen divisions or sub-organs, which he says exist within the territorial limits of "Combativeness and Destructiveness."

Then, as it is evident that the mental state of "Combativeness and Destructiveness" cannot exist in any of these organic elements, in what does it exist? Neither length, breadth, depth, nor the exact locality of any of these thirteen sub-organs is given with any degree of exactness. His description is quite as indefinite as that of a geographer who would chalk out a female on canvass, covering the surface of the naked body with neurological organs, and then flip a copper, shouting, "Heads I win, tails you lose," and then locating and naming them in accordance with the fall of the copper. If the reader examines the text he cannot fail to see the duality of organs on the same square inch, triple organs, or double sets of triple organs, and they on three different parts of the body, remote from each other, as, for instance, "Ardor" on the chin and below the navel; "Melancholy" in contact with the ribs and then below the top of the ilium, or in the pelvis, and likewise in the brain; "Combativeness" on the back and hips, back of the forearm, and in the brain; "Adhesiveness" on the back, forearm and head, &c. An organ of one function on the right side, and one of a different kind (if names express ideas) at the same point on the left. Thus the reader will find the confusion and senseless jargon at every step. Is not the conclusion irresistible, that "Irritability," "Profligacy," "Selfishness," "Hatred," "Baseness," "Mental Derangement," "Felony," "Desperation," "Vitality," "Nutrition," "Reproduction," &c., are all located with no more regard to certainty or reality, latitude or longitude, or even evidence of existence, than there is of those marked on the surface of Dinah and Peggy, determined, though they may be, by the toss of the copper?

How deep does this region extend? The dotted perpendicular lines indicate to a point half-way from the spine to the navel, and downward to the center of the anus; thence upward in a straight (though imaginary) line, corresponding in length with those upon the surface, including the left posterior quarter of the body.

The reader has already observed that our author disregards the entirety of bones, muscles, nerves, vessels, &c., in the creation of neurological organs. They cover the surface, and appear to extend downward to the center, or until they meet the antagonistic organs of the opposite side; for, as we have already seen, it would be absurd to locate a neurological organ in the lifeless cuticle, or in any particular structure beneath it, as all parts contribute to make up a unit, the anatomy of the part. It is apparent (and there is nothing in the text to the contrary, and indeed the author's dotted lines seem to confirm the proposition) that these mental neurological organs of the "combative and destructive region" must dip down and embrace one-fourth part of the anus, rectum, and the left posterior portion of the intestines, including the left kidney and a part of the uterus and bladder, especially when the former is enlarged and the latter distended. The reader cannot fail to observe that his lines must include a portion of the intestinal convolutions, nor can he fail to see that to follow them up and down, backward and forward, as they move from one portion of the abdomen to the other, must be fatal to an exact science. To locate neurological organs in or on the different convolutions, would be to encroach upon other territory—to trespass upon the "preemption claim" of other organs—which would prove it no science, and the whole story a fiction. Then to confine this region of combat and destruction to the parts of Dinah indicated, the reader will perceive that many sections of the intestinal tube must follow, for the lines of separation between the anterior left quarter and the posterior right, are planes, forming exact boundaries on the front and right side of the "combative and destructive region."

The term science presupposes exactness in the subject matter, and consequently forbids the indefinite crossing of boundary lines. The different territories are inhabited by different races of neurological organs. If permitted to cross the fixed point of separation—the exact line from which true science would not suffer a departure, they become trespassers upon their neighbor's domain. They prove the whole system as to localities, boundaries, &c., to be unfixed, indefinite, and uncertain. Does not this vague mode of presentation prove the doctrine but a vapory delusion, and the work of a high-wrought imagination? If there is nothing fixed, and absolutely certain as to the length, breadth, and depth of these neurological organs, or this reputed science of Sarcognomy, then the whole must fall to the ground, it being totally destitute of a scientific basis. He who claims to have developed a new science, should make no such pretensions until he can demonstrate it beyond all doubt—until he can establish the truth of every question mooted and every principle involved without continued contradictions.

Has Dr. Buchanan established the truth of a solitary proposition, which he claims to be original, in the minds of a thinking, sober public? I fearlessly assert that he has not, and I challenge the proof. I ask him for a single instance in which a thinking sober mind has adopted as truth, his delusions. If he has proof of a single instance of conversion, I call upon him to adduce it. I would remind him that neither mock dignity, a haughty reserve, nor silent contempt, are evidence of truth, nor will they convince the public that his doctrines are either truthful, scientific, or philosophic. Submit your dreamy conclusions and vapory delusions to the consideration of the profoundly scientific, and to the most philosophic minds of this age, and ask an investigation, and a report! Dr. Buchanan, you *dare* not do it! Do you not remember Profs. Agassiz and Henry? Have you forgotten a submission—an examination—and a most mortifying result? "How is the proud and mighty fallen!"

DISEASE: WHAT IS IT?—HOW SHOULD IT BE TREATED?

BY J. W. FAIN, M. D.

To the mind of man, the contemplation of the sublime and varied scenery of nature, with its myriad movements, gives pleasure and satisfaction. Its limitless machinery rolls on its mighty cycles to the music of creation's dawn, and that music is the song of order, of law, yea, of God himself. From the smallest cell of the most minute organism, to the mighty mass of universal matter, is seen the sure and steady march of arrangement—the ceaseless roll of systemized Divinity.

Immutability of action is stamped on every movement made, and the boundary of "thus far shalt thou go, and no farther," is arranged by immutable fiat. Millions, though these actions be, circumstances remaining the same, the effect or sequence is ever the same.

This is the grand foundation axiom upon which all reason stands. Destroy this, and universal existence falls into chaos. Beauty, order, form, would all fade into blackest night, and annihilation itself would be the doom of nature and nature's God.

All action is but motion or change; and all motion or change is governed by law; this must be conceded, for its negative can not exist. From our first or major axiom, and from experience also, we arrive at another, to wit: when an action is going on, and the attending circumstances change, the action itself changes. Thus we have arrived at the point from which we wish to start in the discussion of our subject.

Strictly speaking, all matter is vitalized; but from a difference in its motivity, we call some animate, and some inanimate matter: the one vitality, the other simple existence. Of vitalized matter, we have animal and vegetable. From the microscopic animal cell up to man extends the chain of animal life. Man, the highest link in that chain—vitalized animal matter—in a state of disease, will now engage our attention.

Our question, What is disease in man? we are not yet ready to answer, for we must first ascertain what health is; for health is the normal condition of life, whilst disease is its reverse. Bones, muscles, nerves, blood-vessels, etc., constitute the framework and machinery of this organism. Within the fabric is found three great motive powers, which keep all this machinery in motion. These motive powers are respiration, circulation, and innervation, forming a correlated chain, any link of which being broken, destroys the power of the other links, each one seeming dependent upon the others for its continuance.

This machinery and these motive powers, have inherent in them at their creation, certain laws to control them, and the normal play of these laws constitutes what we call health. For instance, the human stomach is a hollow organ, placed within the body, intended for the reception of matter, and so constituted as to derive from that matter certain principles, which are appropriated to the growth or sustenance of the body within which it is placed. The same of the heart for circulating the blood, the lungs for decarbonizing and reoxygenizing it, and the skin, with other organs, for throwing out from the body effete and waste matter. These certain effects, then, being the sequence of the action of the organs, show and constitute health.

When, from any cause, the onward march of healthy life is interrupted, a new play of laws commences in the system, and then begins also the reign of disease.

Disease, then, is the departure from the normal action of the human organism. This departure may have a thousand shades, from that of the slightest variation to that condition which is wholly destructive of the organism itself, and the last result is what we call death. Hence as every portion of this organism has certain definite functions allotted to it, and as departure from this constitutes disease, all disease is departure, and consequently disease is unity.

Simplified start-points are necessary in so complex a subject as this, in order to understand it. Health is normal life; disease is abnormal life, and death is the cessation of life. Thus, in these three ideas, we have comprehended the whole chain of existence, from its first dawn to its final termination in inorganic matter. So disease constitutes or covers all the ground between health and death. The exploring of this territory, the finding of the secret streams that roll through it, and the turning of these into their proper channels, constitute the work of the physician. To do this, he must know those proper channels, with all their minute meanderings; hence the absolute necessity, to the medical student, of a complete and thorough knowledge of anatomy and physiology. Without this, it is the merest quackery, the sherest humbuggery, to pretend to be a physician. As well talk of an idiot controlling a universe. And if these lines should be instrumental in causing one person to make more thorough acquisitions in these departments of medical science, I would be well repaid for the work of penning them.

Disease now being defined as *departure from health, or normal life*, my next proposition is, that *all disease is organic*.

Here I must be allowed the province of

differing from a great many standard writers. It is the peculiar right of an American to think for himself; more particularly should it be of the medical student; and most of all of one who claims to be an Eclectic, for upon their banner is the motto that calls for thorough examination of every subject that comes in their path; and if a candid inquiry results in the contravention of the opinions of any man or set of men, to throw them aside.

But to the point: Disease is judged of in two ways: first, where organic lesion is sufficient to give evidence to tactile or ocular examination; second, from functional derangement, which I shall call abnormal organic sequence.

In the first case, organic lesion, it will be conceded by all, that in it, disease is organic. It is in the second instance—functional derangement, or abnormal organic sequence—that I differ from some writers, for they make a division of disease into *organic* and *functional*, making the latter a different thing from the former, when there is no difference, only in degree. Thus, they get up a confusion in the mind of the student, at his first approach to the subject, from which, with a great deal of trouble, he must afterward extricate himself. As a conventional term, it might do in theorizing; but to the practical physician, who must have practical ideas, the division I consider a bad one. Every organism is constituted of organs; every organ performs an action, which we call function; function, then, is but organic action, the sequence of acting organic matter; hence there can be no function, or organic action, without an organ to perform it. As long as the organ remains *in statu quo*, or its normal condition, there will be no change in its action, or function. Now, according to our axiom, circumstances remaining the same, function can not change; but let there be a change in function, there must consequently have been previously a change in circumstances, or in the organ, for function is but the manifestation of organic action, and no action can change unless there is a change in the machinery which produces it. Hence the conclusion is self-evident, that all disease is organic; and functional derangement, or functional disease, as some call it, is one of the strongest proofs of this conclusion.

Hence our definition: *Disease is organic derangement*, varying in degree from the slightest deviation from normality to that state where vitality and matter separate, or death.

No disease can exist in the system, and run its course, or act upon it, without being in its effects depressing or lowering upon the amount of normal vitality. Again, no disease can exist in the system without some organ or set of organs being excited to a degree of activity more than is natural to them.

Here let it be understood that I use the word disease in its usual acceptation; and after a person has become conversant with what disease is, these divisions are useful, both in the study of the specialties of disease, and their treatment.

Disease now being reduced to unity—derangement—the physician's duty is plain, that is, to correct this derangement. To do this, he must know what has caused the derangement, for it is but the sequence or effect of some acting cause. In ninety-nine cases in the hundred this cause will be found to be obstruction, and this obstruction itself is always the effect of a cause which, in a great many cases, has ceased to act. So when a physician is called to treat a case, he will always find this secondary cause existing, and in many cases the primary one also. If one or both exist, let him remove them by those means which reason and experience have decided to be the best; and unless the derangement has been so severe as to produce organic death, the various organs which were deranged will commence their normal action again, and the patient soon be in the possession of health.

Now, in all cases of disease, where organic lesion is not sufficient to destroy organic life or action, the sum of the organs of the body will always be found in one of two conditions, to wit: either the whole organism will be found depressed, or else some of the organs will be in a state of excitation, and others of depression. In the first case, the treatment should be exciting, stimulating, and recuperative. In the second case, organs that are depressed should be relieved of the cause or causes of depression, and those which are excited should be treated with calming, sedative agents. By these means the vitality of the system will be equalized; and this being done, there will soon be a normality of action in the various organs, which normality is health. Thus we have the whole duty of the physician in treating disease, which is to bring about or produce equality of organic action.

For the mind to grasp any subject, it must have it reduced to some sort of arrangement, and the fewer fundamental points there is in that arrangement, or the more nearly it approaches to unity, the easier is it comprehended. In conclusion, let us sum up our argument.

In regard to Disease.—First, All disease is but derangement, or abnormality. Second, All disease is organic.

In regard to Treatment—Equalize vitality by first, stimulation, excitation, &c., when there is universal depression; second, by excitation and sedation appropriately applied, when there is both excitement and depression.

Boonsborough, Texas, Sept., 1857.

PROGRESS OF ECLECTICISM.

BY R. S. NEWTON, M. D.

The day has arrived when we may turn and look at our work—we can now see what has been accomplished by the Eclectic movement. We can, in many instances, demonstrate the influence of Eclecticism on the general practice of medicine, and we may reasonably hope that the day is not distant when the errors incident to Old Physic, will not find an open advocate. Those who have tried to keep aloof from us, or to carry fire in both hands, are beginning to cast aside their timidity, and to come out squarely in the advocacy of those facts for the establishment of which we have labored so long, and it seems, so effectively. If we look for the reformation which has been urged in the use and abuse of the lancet, I think we shall have no difficulty in fixing our land-marks so as to clearly define the boundaries of our work. Have we not almost driven the lancet from the field? Where are we to find those sanguinary practitioners against whom we used to war? Not among respectable practitioners anywhere. The lancet, like Rush's theory, is laid aside as a relic of the past. Where are those surgical slashers whom we formerly met at every corner? They are driven from the field of legitimate surgery by the propagation of more correct surgical principles. Where now are those who conceived it to be impossible to rid the system of syphilis without the aid of mercury—who conceived that no agent or combination of agents could so alter any secretion—that certain hepatic and dermoid affections could not be controlled except by the use of mercury and arsenic? They are falling in the back ground, and no longer dare to face the enlightened public with such preposterous notions. What now say those who denounced podophyllum peltatum as dangerous or valueless? Look to the prescriptions of medical Journals, and find everywhere podophyllin, &c, by those very persons who so recently denounced the May-apple. The fact that our labors have been successful to a great extent, can no longer be denied; the fact stares us in the face turn wherever we will. The advocates for the knife in the cure of cancer, are no longer found—they admit the inutility of the knife, and say that from the caustic treatment, if from any source, we are to look for a radical cure. A few days since we saw Dr. Stevens in the Cincinnati Medical Observer, introducing tinct. aconite in the treatment of certain nervous diseases; need we tell any Eclectic that this has been done by Eclectics years ago? Look in our works on practice, and it will be seen that Dr. Stevens is only falling into the common idea of Eclecticism. The doctor at last condescends to ask "may we not have stored away upon our shelves many valuable agents whose properties are now unknown?" Ay, doctor, many, very many, and you will find them out either by perusing our works, or by testing the agents in the sick room. Now, we care not who claims the discovery of either an agent or a principle, so it but effect the end for which the Eclectics have been laboring, and we shall equally honor all such as admit the truth and necessity of reform, no matter to what school they may belong. These remarks have been elicited by the following article, which we copy from the Boston Medical and Surgical Journal for Aug. 13th, 1857.

ARSENIC AND STILLINGIA IN DISEASES OF THE SKIN.

[Read before the Suffolk District Medical Society, July 25th, 1857, and communicated for the Boston Medical and Surgical Journal.]

BY WM. B. CORNELL, M. D.

The case of *impetigo* presented at a late monthly meeting of this Society, for medical improvement, together with its *arsenical* constitutional treatment, has suggested to the writer the following thoughts, and they are now presented to this meeting, not for the purpose of arraigning the treatment in that particular case, or the usual treatment in the whole tribe of cutaneous diseases. The writer is aware that arsenical preparations have long been the prevalent and orthodox treatment in this class of diseases, as the mercurials formerly were in syphilis and iritis, and still are to some extent. But he must be allowed to differ somewhat widely from such routine practice. Custom may lead to bad, as well as to good practice. Within the memory of some present, it was customary to use venesection in a hundred cases, where it is now employed in not more than a single case. Then, no physician could omit the letting of blood in a case of severe injury, or of *pneumonia*, or in most fevers, without incurring the reproach of being an "irregular practitioner," or a "Thomsonian," or receiving some other quackish epithet. Now—that is, within the last few years—Dr. Badeley, of the Royal College of Physicians, London, in his Lumleian Lectures, has dared to come down upon the practice of bleeding, and to denounce Dr. Rush, with whom that practice in America specially originated, as peculiarly "blood-thirsty;" and Dr. John McCall, of Utica, N. Y., in his address delivered in 1855 before the New York State Medical Society—a most respectable body of medical men—dared to say, "It is now just fourteen years this month since I have bled a patient by the arm, or abstracted blood in any way, except in a few cases by cupping and leeching. The good people of Utica have no blood to lose, except in the service of their country, and I trust no such occasion will occur in my day." But this may suffice for venesection, as but few among us now resort to it on any occasion.

As to cutaneous diseases, arsenic has long been the general constitutional remedy. That this medicine may be given for a series of months, possibly for years, without any permanent injury, to some patients, and that under its use the cutaneous disease may disappear, I have not the least doubt. I have still as little doubt but that in other cases it inflicts lasting injury upon the patient, without removing the original disease; and the question is, whether we are not quite as likely to succeed in removing that disease with other and less injurious agents, as with this potent remedy. I have long believed such to be the fact, and will now adduce some of the proof.

In 1846, what is now called *The Charleston Medical Journal*, was started, and was then called *The Southern Journal of Medicine and Pharmacy*. In the first volume, page 617, we have an article by H. R. Frost, M. D., of Charleston, upon the alterative properties of *Stillingia Sylvatica* (Queen's Delight). Dr. Frost says, "this article has been in use many years, and reports of its effects still reach our ears from legitimate and illegitimate sources." He gives the following description of the plant. "Class Monœcia Monodelphia. Natural order, Euphorbiaceæ. Root—large, woody, perennial. Stem—herbaceous two to three feet high. Grows in dry sandy soils, and flowers in May and June. The part employed is the root. It grows in abundance in South Carolina and Georgia. Few vegetable productions, in their recent state, exhibit more power, concentrated in a small compass, or exercise an influence more energetic upon the particular organs to which they are applied, and through them to the system generally. So powerfully is this action exerted upon the capillary and secreting vessels, in changing their morbid states or conditions, and thereby disposing to a new and more healthy action, that in this respect it is nearly allied to mercury, exerting an influence little inferior, in many cases, and in others greatly to be preferred. It is the power which mercury possesses to change the action of the secreting vessels, which renders it so valuable an agent, and, in my opinion, the Stillingia is not very far its inferior. The operation of this article extends farther—it exerts an influence upon the lymphatic vessels which mercury cannot equal, and is therefore an important medicine in its diseases." "If we open a drawer in which the recent root has been kept, we are sensible of an odor, extremely strong and acrimonious, and rather of a disagreeable character. Its taste is also pungent, and leaves on the root of the tongue and fauces an irritating and biting impression, exciting a flow of saliva. The juice of the root, applied to the surface, and rubbed upon it, occasions smarting and irritation. If we remain in a close room where the root is being boiled, and the vapor passes into the room, a sense of sickness at the stomach is excited, with a disposition to discharge saliva, with headache and other unpleasant symptoms."

"From the above, we recognize that the plant will present a close alliance to the most active of the Euphorbiaceæ. In its irritating operation upon the surface, it is not much inferior to the oil of Croton Tiglium, and, in its emetic and cathartic operations, superior to the Euphorbia Ipecacuanha and the Euphorbia Corollata. From its alliance with these plants, its activity might be inferred, and this has been fully verified by experiments."

"It possesses considerable *emetic* power, and is usually resorted to on this account by the residents of the country. A single transverse slice of the *recent* root, about the size of sixpence, chewed and swallowed, is followed by considerable heat in the mouth and fauces, extending down the œsophagus, with burning in the stomach, nausea, and increased flow of saliva. The uneasiness continues, and, in persons who are susceptible to the operation of emetics, vomiting follows."

It has a *stimulant* and *alterative* operation. It has proved valuable in scrofula. It has been administered in substance, in pills, or a thin transverse slice of the root, or in infusion, sweetened with sugar or syrup, and in the form of tincture. As the article loses its virtue by keeping, these modes of administration are objectionable. The plan which has been found most efficacious to preserve its strength, and most agreeable for administration, is, to extract the juice of the recent root, by pounding the same, expressing and straining, mixing in determinate proportions, with the best treacle, bottling, and preserving for use. The dose to be administered must be regulated by the effects.

It is in *chronic diseases* and *chronic inflammations* that the efficacy of the stillingia is best manifested, and, more particularly, in the long train of consequences which follow *syphilis*, and in cases where the blood has become contaminated. Its reputation, in the secondary and tertiary forms, is well sustained, and of the many boasted nostrums for the cure of these cases, few will be found more deserving of a trial.

Dr. Thomas Y. Simons has also given us the following case of this disease, in which the *Stillingia* was beneficial. "The patient was a little girl, who had an enlargement of the tibia, to such a degree as to deprive her of all power of motion.

Enlargements also existed in various other parts of the body, resembling nodes; upon the olecranon process, upon the head, and one, in particular, upon the forehead, of the size of an egg. The bones of the nose were much affected, insomuch as to cause a considerable depression. The condition of this patient was in a high degree distressing; seated in a chair, with the limbs contracted and swollen, she bid fair to pass a miserable and protracted existence, a burden to herself, and a source of anguish, distress and trouble to her parents. Various remedies, alterative and mercurial, had been tried by a physician long in attendance, with but little benefit. Dr. Simons being at length consulted, determined upon a trial of the stillingia. The infusion was employed. ℞ Recent Stillingia root, ʒiv.; water, ℔ i., simmered till one-third was dissipated. This quantity was drunk during the twenty-four hours in such doses as not to nauseate the stomach in any degree. The medicine was continued some months, and at the expiration of several, she was so much improved as to be able to move about with the aid of a stick, have the free use of her limbs, and the swellings, particularly that on the forehead, considerably reduced. The patient has every appearance, at the present time, of being speedily restored to a considerable degree of health."

An excellent diet drink, much improved upon the old "Decoction of the Woods," may be made of the following articles. ℞ Stillingia root recent, ℥iv.; sarsaparilla, cut fine, ℔ i.; spruce shavings, ℔ iss.; sassafras root, ℥vi.; water, one gallon, Boil, in a close vessel, a sufficient time to extract the virtues of the articles. Water may be added as it evaporates, and it may be finally reduced to two quarts. To this, sugar or treacle is added, and the whole simmered to the consistence of syrup.

The saturated tincture of the Stillingia may be added to the decoction of the other ingredients, after boiling them, as its virtue consists very much in a volatile principle. The dose, for an adult, will be from half an ounce to an ounce.

In the third volume of the same Journal, we have an article upon the virtues of the Stillingia root by Dr. Thomas Y. Simons, Port Physician and Chairman of the Board of Health of Charleston, S. C. In this paper he refers to one which he published in the *American Medical Recorder*, Philadelphia, in April, 1828. Dr. Simons here more than comfirms the favorable report of Dr. Frost, respecting the medicinal value of this article.

I have used it in a large number of cutaneous and other chronic diseases, and, I think, with decided benefit. I have employed it in dyspepsia, and in cases of loss of tone in the stomach, in general debility, and in numerous diseases of the skin; and I fully concur in the following declaration of Dr. Simons, who says, "I have used this plant for twenty years, and have found it the best vegetable alterative, separate or combined with sarsaparilla, especially when mercury is inadmissible, or to counteract the ill effects of mercury."

I would not say that it will answer all the purposes of mercury or arsenic, but in my hands it has done well, and it is not open to the objections which are made, and often justly made, to their use, and I think we are bound to use the safest article, if it will answer the purpose.

I have referred to the practice of bleeding, which was once general but is now mostly discontinued. I might refer to other changes in medical practice, for instance as it respects the use of mercury. Time was, when it was believed that mercury was the only resource in *iritis;* but a member of this Society has shown that this may be safely treated and removed without mercury.

For the year or two past, I have given the *Stillingia*, prepared from this root as the quinine is from the Peruvian bark. This is given in *alterative* doses, of from one to two or three grains, twice or thrice a day. This is the dose for adults, and proportionally smaller doses for children, according to the age. In this form, it has been a successful medicine, and one which I think the members of this Society will find fully worth a trial, where an *alterative* medicine is needed.

I have referred to the change of treatment by Dr. Williams in *iritis*, and I now close this article by quoting the following from his able paper. "Whoever proposes an important deviation from the canonical precepts of our profession, is bound to justify his innovation by more than a mere array of statistics, given on his own authority, stating that a given course has been pursued in a given number of cases, with such and such results." In the justness of this remark, I fully concur, and in the beneficial use of the Stillingia have given the twenty years' experience of Dr. Simons, and the corroborating testimony of Dr. Frost, with my own experience.

The wisdom of the following remark from the same writer will, I think, be acknowledged by all: "If we *can safely* spare our patients the infliction of heroic remedies, from the effects of which they may be months in recovering, we confer a great benefit on them, and obtain another triumph for our profession."

Now if we are not sustained in our opinion of the progress of Eclecticism, then we do not know how to read the signs of the times. This is only one of many instances. It would seem that Eclecticism must absorb Allopathy, or Allopathy must absorb Eclecticism—we care not which. If the Old School will use our remedies, and prescribe on our principles, we are content to know that the incidental errors thereof will soon vanish. If they quit and come over to us, they will find that we prescribe for disease as they do, except we have a more correct Pathology, and a more positive Materia Medica. The profession in America *must* become Eclectic. The sanitary character of Eclecticism is spreading itself everywhere. Dr. Cornell will find that Beach and others recognized the Stillingia as early as 1825, and that country practitioners had used it at an earlier date; but we care not who first used it, so the entire profession is brought to acknowledge its virtues.

Part 2—Progress of Medical Science

THE VIENNA HOSPITALS.

LETTER FROM HENRY K. OLIVER, JR. M.D. OF BOSTON.

[Dr. Warren communicates the following letter, which he had received, to the Boston Medical and Surgical Journal.]

VIENNA, JULY 1, 1857.

DEAR SIR—I must beg you not to be alarmed by the size of the letter I send you; when one is not confident of making his subject interesting, he is apt to make up in quantity what is lacking in quality. If what I send you proves to be a dose of that sort, I beg you to throw it under your table, as I am too much accustomed to marginal notes on college themes, to be at all troubled by such an occurrence. Meanwhile, considering the richness of the subject, my letter is very short, and consequently superficial.

I have for some time had it in my head to send you an account of the Vienna Medical Institution, with which every student who partakes of its advantages is so delighted; but the want of time, and the lack of courage to try to put it into a proper form, have thus far prevented me. When I say the Medical Institution, I mean rather the General Hospital; for I have had more to do with the clinics and private courses in the Hospital, than with the lectures at the University.

There is quite a number of hospitals at Vienna, but the General Hospital is by far the most extensive; I doubt, in fact, if there is another hospital in the world as extensive. The average number of patients is 2,000, but in times of epidemic it is not rare to find 3,000 within its walls. Besides this large number of patients, it furnishes residences for four or five of its professors, all the assistants, internes, &c., and of course for the ward tenders, nurses, &c.

The buildings of the hospital are two or three stories in hight, and of a very simple style of architecture. They form a succession of squares, containing courts beautifully laid out in walks and streets, lined with hedges, linden and horse-chestnut trees, and which lead to the different divisions of the hospital. Some dozen fountains are also found in the different courts, which, besides serving as ornaments, furnish water to the whole establishment. The hospital, as its name denotes, receives all kinds of adult patients, and in the mid wifery department women are received after the seventh month of their pregnancy, and at any time previous, if the woman presents any special interest in her case—for instance, a deformed pelvis, a previous miscarriage, &c. The clinics are distributed throughout the entire day, so that one may go from the medical wards into the midwifery wards, and from there into the surgical, &c. Not to speak of other advantages, this single arrangement enables one to pick up as much medical knowledge in Vienna in six months, as in a year or more at Paris, where all the clinics take place at the same hour in the morning. Of course, where the subject is the same, there is not so much regard had to different hours. For instance, all the medical clinics occur at the same hour, and both the surgical clinics at one hour; meanwhile, care is also taken by assistants and others giving private courses, not to have their hour interfere with the lectures of the professors.

At the clinics, matters are arranged in the following way: Each student who wishes is charged with the care of a patient, whom he visits at least twice a day. On the first day of the patient's entrance, the student examines him and writes out the result and the history of the case generally. In this he is guided by the *chef de clinique*, who points out the main features of the case, teaches him to percuss, auscult, &c. The following day the student reads the account of the case, as written off, to the professor at the bedside, who then examines the patient himself, and afterward questions the student, laying especial stress upon the means of arriving at the diagnosis. The advantage of this mode of lecturing, instead of just examining the patient and retiring to the lecture room to enlarge upon the case, as in Paris and with us, can hardly be questioned. Any points which the patient ought not to hear, such as an unfavorable prognosis, &c., are given in Latin. The cases for the clinics are chosen by the professors from all the patients admitted to the hospital; so that the clinical ward is filled with the interesting cases only, while the others are left to the assistant physicians.

The clinics of Oppolzer and Skoda have the greatest reputation here, and they are in fact the only ones of the medical clinics which are frequented to any extent. Oppolzer, as you must know, enjoys perhaps the greatest reputation as a clinical lecturer in Germany. If I am any judge, there is no man in Paris to be mentioned at the same time with him. He seems to take a real delight in lecturing, and will make no visit outside the hospital until he has finished his clinic and spent some time in the pathological laboratory in the examination of urine, fæces, &c., which are carried there from the different wards. It is not unusual to hear him lecture two hours on one case, beginning with a careful examination of the exterior of the body; then come percussion and auscultation of the thoracic organs, percussion of the abdominal organs, &c. He seldom omits, also, to examine the urine on the spot, there being in the ward a little desk containing the necessary apparatus and re-agents. A fine microscope in the ward is also put to frequent use in the examination of the sputa and fæces; and to show with what care this is done, I will state that one morning, while examining the fæces, Prof. O. said, "here you will see an egg of the *trichocephalus dispar*." A few days later he called this fact up at the autopsy, and directed the worm, which you know is quite slender and only about one and a half inch in length, to be looked for. This was done, and a male and female were found in their usual habitat, the cœcum. After having, by the examination of which I have spoken, satisfied himself of the nature of the case, Prof. O. continues by putting questions to the student who has the case in charge, answering his own questions each time the student hesitates. Thus he runs through all the maladies which may exhibit symptoms analogous to the case in question, and then by successive exclusion authorized by the duration of the disease, want of concomitant symptoms, &c., he leads the student to the formation of his diagnosis. Treatment is discussed by Prof. O. with great care; for although he has very little belief in medicine as a specific, he does not fail to combat symptoms, and pay great regard to the comfort of his patients. He also dwells much upon the pathological appearances which similar cases to the one under consideration present, and in doing this he enters into details to such a degree as to prove that he is a pathological anatomist of no mean pretensions. At the reading of the autopsies, which takes place in the ward, Prof. O. renumerates with great care the points in the case, and compares the various symptoms which presented themselves during life with the appearances found *post mortem*.

From what little I have told you, you may imagine what a treat Oppolzer's clinic is; every thing that he touches upon he has a happy faculty of making interesting. Not a small feature in his ward is the fact that the beds are low, and that the students are allowed to sit upon them. Prof. O. speaks so loudly and distinctly as to be heard the whole length of the ward.

Prof. Skoda's clinic is also an exceedingly valuable one, although his manner is not as well calculated to keep the attention of his hearers as that of Prof. Oppolzer. He reasons upon every thing, and seems to reject what does not yield to his logic. He nevertheless occupies himself much with experiments in the trial of medicines, and especially such as appertain to his favorite study of auscultation and percussion, and his work on this subject shows with what faithfulness such experiments are made. He does not speak less of the treatment than Prof. Oppolzer; but after running over all those remedies which would be recommended in similar cases by others, he generally ends by rejecting the whole of them. His universal treatment of all acute diseases is quiet, deprivation of all but necessary food, and promotion of sleep by opium, which he also uses much as a narcotic. I do not say that he does not employ occasionally the various remedies, but he does this merely to prove that they do not have any effect on the course of the disease. In pleurisy and pneumonia, he rarely employs bleeding, never calomel or tartar emetic with any hope of arresting the progress of the disease; and no sinapisms or blisters, with the hope of promoting absorption of exudations. To this end he also rarely resorts either to purgatives or diuretics. The only antiphlogistic he recognizes is cold. *Paracentesis thoracis* he employs, as also does does Prof. Oppolzer, only in extreme cases, where suffocation is threatened, or where the presence of a large effusion, for a length of time, would be likely to leave behind a deformed state of the chest; and then he advises the removal of only a limited quantity of the fluid, and by other means than its forcible removal by the pump. Formerly Prof. S. punctured quite often, after his first case resulted favorably, but he has since found reasons for giving up the practice in all but extreme cases. At his clinic, Prof. S. enters into the same minutiæ in the examination of cases as Prof. Oppolzer does, and even to a greater degree when the case is a disease of the lungs or heart. It is only unfortunate that his slow manner of speaking, and his total abstinence from any pleasantry which would serve to relieve the monotony of his style, is so liable to induce a relaxation in the attention of his hearers. I think I have never but once heard from him a deviation from his serious tone of language. He was speaking of his favorite medicine, opium, by the side of a patient who had for some nights been deprived of sleep. Just as he was closing his remarks, he happened to cast a glance down upon the patient, who, not having found the lecture particularly enlivening, had gone fast to sleep. Without stopping in his discourse, Prof. S. continued, "You will see, however, gentlemen, by looking at the patient, that there are other efficacious somnorifics besides opium;" and then, without moving a muscle of his little round face, he passed to the next bed.

Prof. Hebra, teacher of diseases of the skin, I would like to describe to you, but hardly know how to do it. With much of the skepticism as to therapeutical agents, which characterizes Prof. Skoda, and with the same rotundity of face and figure, he is, in his manner, quite the opposite. He comes into the lecture room with a "How are you?" steps up to the table, puts his hand in his pockets, and says something funny immediately; he couldn't help it, if he tried. He is, in a word, a happy compound of science and good humor. Sarcasm, however, he is rather fond of, especially when speaking of the medical men of Paris, and certainly there is good ground for much of his prejudice, if what he says of his visit to that place, a few years since, be true. Prof. H.'s course upon the diseases of the skin, can not, I am sure, be equaled any where. He lectures upon a raised platform in the middle of a ward, and the students sit in a half circle around him, on benches rising one above another. The patients are called to this platform, stripped to the skin, and made to mount upon the table, when Prof. H. examines every part of the body, points out the various morbid appearances, makes the diagnosis, and then sends the patient, still stripped, to the students, who examine him in their turn. The microscope is also made frequent use of in the examination of parasites, etc. After the examination of the newly-arrived patients as above, Prof. H. lectures an hour, exemplifying the disease under consideration by colored plates, plaster casts, and by patients from the different wards of this department. Anecdotes serve to enliven the hour, and Prof. H.'s peculiar, humorous style of relation is, of itself, a sufficient guarantee of the success of the story. The classification of the diseases of the skin, as given by Willan, Bateman, and Cazenave, has been abandoned by Prof. H., as being too complicated and fanciful, and a new one formed much more simple and natural. This simplicity, indeed, characterizes his whole system. He has, for instance, thrown out impetigo, and also ecthyma, from the list of distinct diseases, insisting that they are the result of mechanical irritation of other diseases—eczema, scabies, etc. An abundance of the secretion of the sebaceous follicles of the scalp is the so-called *pityriasis capitis*. *Pityriasis rubra* is the preceding and closing stage of eczema. Lepra is psoriasis healing from the center. On the morbid appearances just referred to as consequent upon mechanical irritation in affections of the skin induced by animal parasites, and also in eczema and prurigo, Prof. H. dwells at great length. Patients suffering from animal parasites are wonderful common here, and the different forms of eczema, impetigo and ecthema, as a result of scratching merely, are traced back to their proper cause, and not allowed to pass as distinct diseases, as other authors have been inclined to consider them. In the three hours' cure in scabies, Prof. H. does not believe; he says patients thus treated always come back to him in a week. Sulphur ointment unmixed he rejects, as causing an eczematous eruption; he unites with the sulphur nitrate of potash and tar oil. Lupus, in all its forms, is a common disease in and about Vienna, and Prof. H. has made this disease an object of special study. In conjunction with Dr. Ellfinger, the artist, he has published some magnificent plates of this disease, adding also remarks, which, however, are rather brief. His treatment of the ulcerating form is cauterization with the solid nitrate of silver; not superficially, but deeply. He sharpens the stick down to a point, bores down till he arrives upon healthy tissue, and then burrows about with the stick in every direction. Patients thus treated do wonderfully well. In the form of lupus which he calls erythematous, he employs, with good result, a mixture of iodide of potassium, pure iodine and glycerine. In all exudative diseases of the skin —for instance, psoriasis, prurigo, and eczema with infiltration—Prof. H. makes use of a soft soap, consisting of some oil, it matters not of what kind, and a large proportion of caustic potash. The effect of its use is to remove the epidermis and excite a healthier growth of the same. I have seen many extremely satisfactory effects of this soap, especially when followed up by the tar oil, which he also uses plentifully. In Virchow's series of "*Special Pathology and Therapeutics*," Prof. H. is announced to edit the part on "Acute Exanthemata and Diseases of the Skin." It will be a valuable thing, and will no doubt be considered the standard work in this hitherto complicated branch of medical science.

Prof. Sigmund is the Ricord of the University, and his material is much richer than that at Paris, comprising, as it does, patients of both sexes, the number of each being about equal. The opportunity of seeing the disease of which he treats, even in the case of the male patients, is superior to that in Paris; since the patients are stripped and placed on a raised platform in the center of the circle, as at Prof. Hebra's. In the female wards the patients are first stripped to the waist, and are afterward required to mount a stand, where they lie on their backs, are exposed, and drawn forward to the edge of the stand. In this way they are examined, first externally and then *per vaginam*, by the professor, who points out the features in the case, and then leaves the students to examine them in turn. This is at his clinical lecture. At his morning visit, he goes through his different wards, visits all those patients who are confined to their beds—for example, those with open buboes—and then retires with his assistants to a side room, where all the other male patients are marched before him, each stripped to the skin. Prof. S. next retires to the female department, where the patients are marched before him, stripped to the waist, each with a spoon in her hand to serve as a spatula. They are then ordered to the stand, of which I have spoken, from which they form a single file, extending the length of the ward. The moment the examination of the first is completed, she descends the steps on the opposite side, and number two, who is already on the upper step, takes her place, while number three takes the upper step, and those after her mount one step higher. In this way, an immense number of patients can be examined in an hour. The total nember of patients in Prof. S.'s wards averages over 200.

Prof. S. differs from Ricord on some points; for example, he believes in the communination of syphilis from secondary appearances, such as the *plaques muqueuses*, &c. I have myself seen him produce a true chancre by inoculation from a *plaque muqueuse*. He does not lay so much stress upon the Hunterian chancre as Ricord does, insisting that constitutional syphilis is by no means always preceded by an indurated chancre, especially in females. He says it is an every day occurrence for females to enter his wards with constitutional symptoms, and a chancre quite free from induration; and he thinks if Ricord had seen as much of the disease in females as he himself has, he would have become convinced of this fact. Both Prof. S. and Prof. Hebra prefer the external use of mercurial ointment, in both secondary and tertiary syphilis, to all other treatment. The advantage of this mode of the employment of mercury, Professors S. and H. find in the less frequent returns of the affection, and the rarer occurrence of salivation. From twenty grains to a drachm are rubbed daily into the inside of the thighs, the sides of the chest, &c. [TO BE CONTINUED.]

SUSTAINING IRREGULAR MEDICAL PRACTICE.

Some few weeks ago, this journal had a page of comments, based on the representation that a medical college in Georgia had decided to revoke its diplomas in case those upon whom they had been conferred, should depart from the system of practice in which they had been educated. By referring back to No. 10, page 183, vol. II., the reader will find an argument, of a character not to give offense, and yet presenting a dignified opinion, that, legally, no such revocation is within the jurisdiction of any chartered institution. To swear a pupil never to depart from the exact letter of instruction which he had received, would put a stop to all scientific progress, and chain the mind to dogmas that might as often be false as true, since men of learning differ essentially in their views, although each and all are presumed to be honestly expecting to accomplish far more than any of them may realie.

But the same pleasant State of Georgia, in which, according to the paragraphs that have been floating through the journals, the legislature has acted singularly, and, in defiance of the highest conservative medical sentiment, in 1842, granted $5000 to the Southern Botanic Medical College; and when the edifice was destroyed by fire, so lately as 1854, it was rebuilt, in part, by liberal subscriptions; and in 1856, the legislature appropriated anothe· sum of $5000. This, therefore, in the estimation of a genuinely educated medical gentleman, is an unblushing recognition of downright quackery, since Thompsonism is positively regarded as nothing more nor less than irregular practice, at several points of compass.

Now, the wonder very naturally arises, how happens it that while numbers of the profession are exerting themselves to elevate the study of medicine, the people, through their representatives are pursuing a course diametrically opposite? In Massachusetts all kinds of medical schools are chartered,—but no money is given. They are left to quarrel among themselves in an open field, if they choose to do so, without molestation. And further, no one order of physicians has a legal advantage over another in the collection of their dues, In short, there are no close corporation privileges accorded to any, but equal protection by law granted to all.

This is a singular feature, considering the tendency of an old State to rule with a considerable degree of perpendicularity, especially where corporations, like individuals, are perpetually grasping for more power and privileges.

One of the certain correctors of error, whether political, moral or medical, is free, unembarrassed discussion. Allow the lowest order of quacks to organize for instruction, and their identity would soon be lost. The very measure they might adopt, as an institution, for perpetuating one idea, would enlarge their sphere of thought as well as aspirations, and in a very few removes from the original stock, they would be lost sight of, in consequence of gradually coalescing with their opponents. Again, any legislative effort to sustain a particular class of medical practitioners, to the neglect of others, whether ignorant or learned, in this democratic country, would prove their ruin and final social extinction.

On the whole, therefore, by the gradual process now going on in the United States for elevating the whole by diffusing the blessings of universal education, there is nothing to fear, but an abundance to hope for by tolerating and sustaining the different schools of medicine. —*The Medical World.*

FATAL CASE OF POISONING WITH ELIXIR PAREGORIC.

BY C. S. WOOD, M. D.

A. R., aged nine months, a strong healthy child during the first three months, had taken small doses of this paregoric to quiet restlessness. During the space of one week previous to its death, it had been teething, and had a good deal of diarrhea, and uneasiness in consequence. At last, the restlessness became so great that at 1 o'clock, A. M., the mother arose, and filled a teaspoon with sugar, on which she poured, as she supposed, a few drops of paragoric, and gave the child. The child lay sleeping and throwing its arms about as it was wont to do. At 7 it was taken up, but could not be aroused. At 8, A. M., I was called, and found the child perfectly unconscious, and incapable of swallowing, or being in the least aroused; pupils contracted and immovable; hands and feet cold, with blueness of the skin; intermittent pulse, and deep stertorious breathing. After endeavoring in vain to produce vomiting with ipecac and sulphate of zinc, enemata were resorted to, which produced copious discharges, but without affording the least relief. The child lingered until 12, P. M., and died.

All that is singular in the case, is the small amount of opium which destroyed life; admitting even that the sugar in the spoon was perfectly saturated with the medicine (which probably was not the case), and it would seem impossible that its effects should be so great, since one ounce of the paregoric contains less than two grains of opium.

[Such powerful effects following so small a dose of the medicine lead us to suppose that laudanum might possibly have been given instead of paregoric in this case.—Ed. B. M. J.]—*Boston Medical and Surgical Journal.*

ON THE REMEDY OF STRICTURE BY EXTERNAL INCISION.

BY PROF. JAMES SYME.

The treatment of stricture by external incision being now established as the proper remedy for cases that prove incurable by dilatation, it is no longer necessary for me to notice the misrepresentations and falsehoods with which this proposal was originally assailed, and which are still employed, through the medium of advertisements, to deter patients from obtaining the relief that has been placed within their reach. The members of my profession may now anticipate the judgment of posterity; and, if they do not give credit for promoting improvement, will, I trust, at all events regard with indignation the efforts of those who, for their own unworthy purposes, have endeavored to retard it. But there are some points of practical importance that required time and extensive observation for their complete elucidation, in respect to which I beg to offer the following observations.

One of these is the question as to the permanency of relief afforded by incision, which could not be satisfactorily answered at an early period of this procedure. The first case in which I divided a stricture at the bulb, was the most obstinate and distressing that has ever fallen under my observation. It had existed twenty years, and resisted all the then known means of remedy, until the patient, wasted to a shadow, longed for death as the only termination of his sufferings. But this gentleman has now, for fifteen years, enjoyed the most exuberant health, and never required the introduction of a bougie. Other cases, of an equally encouraging character, originally led me to believe that the operation would always prove equally effectual, so as to render unnecessary any further treatment; and when, contrary to my expectation, relapses afterward occasionally occurred, I attributed them to some imperfection in the process, either as to the performance or the subsequent management. The bad results of cutting without a guide, although most unfairly attributed to my procedure, had, of course, no bearing upon the question; but I thought that even when the operation was performed upon proper principles, its effect might vary with the extent of incision through the urethra, the mode of healing, by adhesion or granulation, and the care that was taken to maintain dilatation during the period of recovery. Without going into the details of many trials and observations that were made to ascertain the truth of these surmises, I may state, as their general result, my persuasion, that while the free division of a stricture may afford not only complete but permanent relief, without the employment of bougies subsequent to recovery, it is not possible, by any modification of the process or treatment, to ensure against all tendency to future contraction. On the other hand, it has been satisfactorily ascertained, that the simple precaution of passing a full-sized instrument occasionally, as once in two or three months, will effectually prevent any risk of relapse; and as when the canal is free from obstruction, the patient may readily do this for himself without the slightest difficulty or danger, the permanency of relief may thus be secured at the expense of very little inconvenience.

Many people have been deterred from adopting my proposal by the theoretical objection, that a wound of the urethra, like one of the skin, must heal either by adhesion or granulation, so as, in the former case, to restore the old contraction, and, in the latter, to form another of perhaps greater firmness by the resulting cicatrix. But, next to statistics, analogy is the most misleading guide to good surgical practice, and, in the words of an old writer, "one grain of fact is worth a pound of reasoning," as is well shown in regard to the question at present under consideration. For no one can now deny, that the most tightly contracted urethra has remained perfectly patent after the division of the stricture, so as to permit the exit of urine and introduction of instruments with the utmost freedom. It has also been found, on examining the bodies of persons who have died several years after the operation, that the canal, so far from being contracted at the part where the disease had existed, was actually wider than natural, and in respect to the surface or texture of its lining membrane, not distinguishable from the neighboring portion which had been free from derangement. But the most satisfactory information on this part of the subject may be derived from those cases in which the stricture is seated at the very orifice of the urethra, where the effects of division admit of being ascertained beyond the possibility of doubt, by actual inspection.

A. B., æt. 34, an engineer in Demerara, had suffered from stricture of the urethra for seven years, and latterly so severely as to leave his employment aud return, in quest of relief, to this country, where, for twelve months, it had been attempted by dilatation and caustic, which, so far from alleviating, aggravated the symptoms. He applied to me, a few weeks ago, with hardly any hope of recovery. I found the penis swelled and deformed by abscesses and fistulous openings, of which one was midway between the glans and scrotum, and several were in the glans itself, which allowed the urine to escape as if from a watering-pan. The stricture was seated at the orifice of the urethra, where it formed a dense ring, presenting a small round orifice, which admitted bougies of only the second or third smallest size, and grasped them tightly when withdrawn. From previous acquaintance with similar cases, I knew that a free division of the contracted part would, in all probability, prove an effectual remedy, and therefore accomplished this without delay, by inserting a small bistoury into the canal, and bringing out its point beyond the stricture, on its lower side, near the frænum. Instruments of the largest size could then be introduced without any difficulty, and the only treatment consisted in placing a piece of lint between the cut edges. Three days after this was done, the patient came to the hospital, declaring that, "he felt quite a new man," with the organ nearly natural in regard to form and texture, and all his water passing by the natural channel. Before the end of a week, the wound had healed completely, so that it discharged neither blood nor matter, and, in respect to shape as well as surface, could not be distinguished from the natural orifice of a urethra. In another week he felt so well as to sail for the West Indies.

Now, this case, in the first place, illustrates the unyielding disposition of some strictures to dilatation, since there can be no doubt that, if the contraction, instead of being at the orifice, had existed further back, it would equally have resisted all attempts to remedy it by such means, while their failure might have been attributed to unskillfulness of the operator, which could hardly be supposed when the disease was within view. But the speedy healing of the wound, without either adhesion or contracting cicatrization, affords a still more useful lesson, by showing how the space obtained through incision may remain undiminished, and thus completely answering the argument against division, which has been founded upon the assumed analogy between skin and mucous membrane in respect to the reparation of their wounds.

In originally proposing this method of treating obstinate strictures, I expressed the opinion, that as it could be conducted so as to prevent either hemorrhage or extravasation of urine, the results of its employment would prove free from danger; and a very large experience now enables me to maintain this persuasion. It is true that death may occur to the extent of one per cent. or so, just as from any other operative interference, on account of some peculiarly unfavorable condition of the patient; but if the process is conducted in strict accordance with the principles which I have explained, it will be found one of the safest in surgery.

In illustration of the facility with which strictures of the oldest standing are remediable by external incision, I may mention the case of J. B., æt. 56, who was admitted into the hospital on the first of January last. He stated that, upward of forty years ago, when serving as a drummer-boy in Spain, under the Duke of Wellington, he contracted a gonorrhea, which was followed by stricture of the passage and progressive annoyance ever since that time. About twenty years ago, being again in Spain as a soldier of the "Legion," he suffered from complete retention of urine, for the relief of which both French and Spanish surgeons endeavored, without success, to introduce instruments. Suppuration in the perinæum then took place, and led to a fistulous opening, through which his water escaped with increasing freedom, until little of it passed through the natural channel. In this state, his life having become very uncomfortable, he applied to me. At the second or third attempt, I succeeded in passing a small bougie into the bladder, so as to make way for the grooved director, upon which I divided the stricture on the 7th of January, On the 9th, the catheter was removed. On the 13th, the urine passed in equal proportions by the wound and by the urethra. On the 28th, it had entirely resumed its proper course, and the patient felt completely free from his complaint of forty-two years duration.—*Edinburg Med. Journal.*

[This subject is viewed at great length, and in all its bearing, in *Syme's Surgery* by *Newton.* The above is only confirmatory of his previous articles and arguments.—Ed.]

MEDICAL ETHICS.

Messrs. Editors.—Suppose you were to receive a letter, filling full three pages of fair fools-cap, and reciting all the facts (to the writer) of a case, reporting the treatment, and finally asking an opinion and an advice—but containing neither fee nor postage stamp. What would you do? Would you read it? Suppose you do read it, but can really make no opinion, either of diagnosis, prognosis or treatment, *would you answer it?*

Again. Suppose you receive another letter from another source, *without any enclosure.* Suppose you can form an opinion about the disease, and might recommend a treatment. Do you feel bound to answer it? One largely afflicted brother in this way, impatiently waits an answer.

Xenophon.

With regard to Xenophon's first question, we think the practitioner is not bound to take notice of a letter containing neither fee, postage stamp, nor an intelligible account of the case. He may, if he pleases, put the letter in the fire. We should read it, but should not, under ordinary circumstances, answer it.

As to the second query, we should withhold an opinion until the fee were paid, if the request came from an unknown party. We should not feel bound to answer it.

A person writing a description of a case, and requesting in answer an opinion or advice, is bound to enclose in his letter the usual fee, or to ask the amount owing, and to transmit it by return of mail. (The fee for a letter of advice, established by the Boston Medical Association, is from *five* to *ten dollars*). It is always understood that a business letter requiring an answer (except between regular correspondents) should contain a postage stamp.

We state our opinion in general; of course there are exceptions. A former pupil or a personal friend has a right to ask an opinion without being expected to pay for it; but this privilege is not to be abused, especially in a case really requiring a consultation, the patient being able to pay. When the patient is too poor to pay the fee, if this is distinctly stated, the party giving the opinion will ask no compensation. In short, a letter of advice is the same thing as a consultation, and the writer is not only entitled to his fee, but ought to insist on receiving it, where the advice is regularly sought, and the patient able to pay.—*Boston Med. Journal.*

[The above is a good suggestion, and we, in common with others, wish it was generally adopted. To answer a letter of inquiry now and then is a small matter, but when one is receiving many such letters every day, all of which require answers longer or shorter, we think they ought to be accompanied by a fee of $5, else the letter should not be answered. Physicians will never complain of this arrangement, and to secure themselves, let them charge the consultation to their patient. In this way no one is imposed upon, and all parties will be satisfied—Ed. E. M. J.]

Chloroform in Sea-Sickness.—It is stated that out of twenty cases, eighteen were cured by a single dose.

DEATH OF MARSHALL HALL.

[This distinguished man has finished his earthly career, but he has left behind him a monument that will defy the finger of time. We quote from the London Lancet a biographical notice of him:]

Death, that most unsparing of tyrants, has exacted from the greatest physiologist of the age the last debt of nature. Slowly, surely, and relentlessly, disease has been undermining the earthly tabernacle of a mind which, for vast powers, high purposes, and indomitable energy, has found no superior in its native land in the present half-century. On the 11th of August last, Dr. Marshall Hall died at Brighton, aged 67 years.

It is impossible to record this melancholy event without feelings of the deepest sorrow. The loss is one which all must feel most keenly who have a reverence for high endeavors, for earnest devotion to science, and for all the sterling qualities which can adorn a man. Science has lost the worthiest of her sons, medicine has lost a great master, and philosophy a great thinker. The clear and vivid intellect of this celebrated man has steadily and successfully risen superior to the depressing influences of disease for the last fifteen years. Even during the present year, when confined to one room, his chamber has been a scene of intellectual activity. Physical debility, which robs most men of their power of thinking and reasoning, had not dimmed the brightness of his wonderful mind. Clear and penetrating, and impelled by a wide philanthropy, the last contribution of Dr. Marshall Hall to science has been a pre eminently useful one to the cause of humanity. It is thus that great men should die. There is a grandeur in such a life-end, to which the mere external grace of a falling Cæsar is not for one moment comparable.

Dr. Marshall Hall was born at Bashford, Nottinghamshire, in the year 1790. His father was a manufacturer, and a man of no small capacity and information, and had the merit of being the first person to perceive the value of chlorine as a decolorizing agent, and applying it on a large scale. The gifts of intellect were bestowed with no sparing hand in this family. The father and two sons fully vindicated their claims to high intellectual endowments. But Dr. Marshall Hall has eclipsed his less brilliant relations; what in them was acumen and sagacity, was developed in him into genius. There was in him that rapid and far-searching intellectual vision which travels into regions far beyond the common ken of man, visible and appreciable only to the eagle-glance of an almost prescient inquirer.

The history of such a man cannot fail to present numerous points of interest. The investigation of the rise and progress of a mind which has ever been foremost in the ranks of science, must afford many good and useful lessons. No fitful glare can be recognized in this life—no charlatanic attempt to pluck a crown of laurels which was not deserved; but a stern, conscientious, and faithful continuance of patient scientific toil, and the solid reward of a vast reputation.

The first step in Dr. Marshall Hall's education was taken at Nottingham Academy, then conducted by the Rev. J. Blanchard. From this school he went to Newark, where he acquired some elementary medical and chemical knowledge. But the first salient point in the life of Dr. Marshall Hall was his matriculation at Edinburg University, in the year 1809. For a vigorous and apt mind, no better school could then have been chosen. In the present day it is hardly possible to realize the enthusiasm which inspired Edinburg at that time. There were giants in those days. Enthusiasm, indeed, is almost too tame a word. There was a furor, an excitement produced by the united influence of a complete galaxy of talent. It was impossible but that such men as Cullen, Home, Rutherford, Gregory, Hamilton, Bell, and Barclay, should kindle in the ardent minds of a vast concourse of students a flame which should burn with answering brightness to their own. From the school of that time we know many great men have sprung. It is unnecessary to particularize names which are "familiar in our mouths as household words." In that genial atmosphere, then, did Marshall Hall first imbibe that enthusiastic love of science which has been his most marked characteristic. With youthful impetuosity he plunged into the study of chemistry. Not content with merely assimilating the accepted doctrines of the science, he boldly endeavored to push its boundaries farther. With wonderful power of generalization for so young a man, and with such small materials as then existed for the purpose, Dr. Marshall Hall pointed out that there was a grand distinction between all chemical bodies, which ruled their chemical affinities. He showed that this distinction was the presence or absence of oxygen. That oxygen compounds combined with oxygen compounds, and compounds not containing oxygen with compounds similarly devoid of that element; and that the two classes of compounds did not combine together. He believed that this general law would elucidate other chemical doctrines, and might prove valuable in the prosecution of still more recondite principles. But a mind of such soaring aspirations was not likely to confine itself even to such a comparatively wide field as chemistry. The vast domain of medicine was before our student, rich in unexplored regions, abounding in all that could excite his eager spirit of inquiry, and reward his love of definite results. It was exactly at this period in the history of modern medicine, that physicians were taking stock, as it were, of their old principles. Morbid anatomy, pursued in close connection with clinical medicine, was showing the defects of diagnosis. With the sagacious eye of one who was capable of seeing that the great necessity of the day was a science of diagnosis, Dr. Marshall Hall threw himself into the prosecution of this immensely important department of medicine at once. Here, again, we find fresh evidence of his eminently progressive spirit. No mere systematizing of what other men had gathered, but an original and comprehensive treatise resulted from the labors of his student life and early years in the profession.

In 1812 Marshall Hall took his degree of M. D., and shortly afterward was appointed to the much coveted post of house physician under Drs. Hamilton and Spens, at the Royal Infirmary of Edinburgh. In the following year, we find Dr. Hall lecturing on the principles of Diagnosis to a class, among whom were Dr. Robert Lee and Prof. Grant. It was from this course of lectures that the treatise on Diagnosis, which was first published in 1817, took its origin.

In 1814, Dr. Marshall Hall left Edinburgh, after a residence there of five years. Great as was the individuality of this remarkable man, we cannot but point out that he was reared in a great school, taught by great men, and infected with an enthusiasm which pervaded, in some degree, all who came within its magic circle. Before entering upon his career as a private practitioner, Dr. Hall determined to visit some of the continental schools. We find him, therefore, shortly after his departure, successively in Paris, Berlin, and Gottingen. The journey was made partly on foot, and armed. At Gottingen, Dr. Hall became acquainted with Blumenbach.

In 1815, Dr. Marshall Hall settled at Nottingham as a physician, and he speedily acquired no small reputation and practice. After a time, the appointment of physician to the General Hospital there was conferred on him, and in that sphere he labored until his removal to London, about ten years after his first settlement at Nottingham. Of his work on Diagnosis it is almost unnecessary for us now to speak in terms of praise. Comprehensive, lucid, exact and reliable, this work has, in the main, stood the test of forty years' trial. A better has not been produced. It was at this period of his career, too, that Dr. Hall made his researches into the effects of the loss of blood, the result of which was embodied in a paper read before the Royal Medical and Chirurgical Society in 1824. This paper and another in 1832, detailing Dr. Hall's "Experiments on the Loss of Blood," were published in the "Transactions of the Royal Medical and Chirurgical Society." It is hardly possible to overrate the importance of these inquiries. They revolutionized the whole practice of medicine. A new light broke in upon the medical world. A distinction, not recognized before, was drawn between inflammation and irritation. It was pointed out that delirium and excitement were by no means necessarily declaratory of cerebral or meningeal inflammation, or even congestion. Loss of blood was shown to be at the root of much that had passed before for various grades of inflammation. Practical rules were educed both for treatment and diagnosis. It was shown that active inflammation produced a tolerance of bleeding from a free opening in the upright posture; and the rare merit of supplying at once a rule of treatment and a rule of diagnosis, was Dr. Marshall Hall's. Other works came forth from his pen about this time, for his mind was teeming with ideas, and his activity as an observer was unparalleled. It is hardly possible to enumerate all, but in 1827 came the "Commentaries upon various Diseases peculiar to Females"—a work which may still be consulted with advantage.

It was in 1826 that Dr. Marshall Hall sought this great metropolis as the umbilicus of the world. So active and earnest a mind could not find enough to satisfy its eager cravings in a provincial town. It was here, in this mighty city, that he determined to measure himself again with numerous competitors, and to win, if possible, all the honor and all the rewards that fortune can give to those who woo her stoutly. The mind of this great man was essentially metropolitan and liberal. A fair field and no favor, and victory to the strongest, were the characteristics of his mind.

The next onward step in Dr. Marshall Hall's career, was a series of researches into the circulation of the blood in the minute vessels of batrachia. A great step in physiology resulted from these. It was shown that the capillary vessels, properly so called, are distinct, absolutely, both in structure and function, from the smallest arteries or veins; that the capillaries, or *methamata*, are the vessels in which the nutritive changes in the economy are carried on.

But the great source of Dr. Marshall Hall's honor, the basis upon which his fame must rest in all time to come, was yet undeveloped; his paramount claims to the admiration of his contemporaries and of posterity consists in his discoveries concerning the nervous system. Like all really important discoveries in natural science, those of Dr. Marshall Hall have had great practical effects. The soundest theory has been shown to be the best foundation for practice. That stupid heresy that there is a vital distinction between the theoretical and practical man, was never more completely disproved than in the case of Marshall Hall. But we must endeavor to trace the progress of his researches. While engaged on the essay on the Circulation of the Blood, it happened that a triton was decapitated. The headless body was divided into three portions: one consisted of the anterior extremities, another of the posterior, and a third of the tail. On irritating the last with a probe, it moved and coiled upward; and similar phenomena occurred with the other segments of the body. Here, then, was a great question. Whence came that motor power? To set at rest that question, to solve that problem, has been the great labor of Dr. Marshall Hall's life.

The establishment of the reflex functions of this spinal cord; in short, the whole of the excito-motor physiology of the nervous system is the sole work of Marshall Hall. And not only this, but he has shown that there are in reality THREE great classes into which the various parts of the nervous system resolve themselves; the cerebral, or sentient voluntary; the true spinal, or excito-motor, and the ganglionic. This was the real unraveling of that perplexed and tangled web which none had before been able to accomplish.

The true idea of a nervous center could never be said to have existed before the time of Marshall Hall. The ideas of centric and eccentric action, of reflexion, etc., so necessary to the comprehension of nerve-physiology, were unknown before the labors of this great discoverer. But these physiological discoveries were not mere barren facts. How rich a practical fund of therapeutical measures naturally follows the physiology and pathology of the excito-motor system, every well informed physician can testify. Two departments of medical practice have gained incalculably. The success of Dr. Marshall Hall in the treatment of nervous diseases, was almost entirely the result of a rigid application of his own physiological discoveries to their pathology and therapeutics. Obstetricians have found their art elevated more than any other branch of medicine. In the place of uncertain and empirical rules, there are now definite and scientific principles upon which to fall back, with the unhesitating assurance that they will stand in good stead. The most complicated of all physiological acts, viz: the act of parturition, has, by the aid of the excito-motor system, been unraveled and reduced to beautiful harmony, if not simplicity. In like manner, many of the diseases of pregnancy are explained and illuminated by the same physiological knowledge. Innumerable symptoms of other diseases are rendered intelligible and rational, which before were obscure and empirical. But to follow out the influence of Dr. Marshall Hall's discoveries through their numerous and important ramifications would be almost to write a volume on the principles of medicine. It is impossible to say when we shall cease to find some new and important application of his discoveries to the great art of healing.

We cannot pass by this period of Dr. Marshall Hall's life without remarking upon the disgraceful treatment he received from the Royal Society. The days of persecution had happily passed by, but the day of dull obstructiveness still remained. The Royal Society thought Dr. Hall's memoir "On the true Spinal Marrow and the Excito-Motor System of Nerves" unworthy of publication! So much for the acumen of this Society. A very different verdict has, however, been given since by the great body of scientific men; and the Society, which formerly received this great man's contribution coldly, now mourns the loss of its brightest and most illustrious member.

Since the promulgation of his researches upon the nervous system, Dr. Marshall Hall has been principally occupied with extending, applying, and developing them in every possible direction. The admirable success with which he indoctrinated the profession at large with his views must be attributed as well to his native lucidity as to their inherent truth.

During the time of Palmer's trial, it occurred to Dr. Hall to institute a physiological test for the recognition of strychnia. As if to show the absolute correctness of his views, and how unlimited were the number and nature of the scrutinies they would bear, he found that a frog immersed in water containing 1-5000 part of a grain of strychnia, would, in process of time, be thrown into tetanic convulsions. For the details of these experiments, we must refer to the *Lancet* of last year. The physiological test was found to be far more delicate than the chemical. Here was an instance of sagacity and precision of thought which would have done credit to any man in the flower of his age.

The last and crowning effort of Dr. Marshall Hall in the cause of science and humanity has been his discovery of what is now universally known as the "Marshall Hall Method" of restoring asphyxiated persons. How completely and irrefragably he has proved the inutility and danger of the practices hitherto in vogue for the resuscitation of asphyxiated persons! Space prevents us from going into the theoretical details of Dr. Marshall Hall's method; but our columns have, for any time these last six months, contained overwhelming proofs of its *truth* and adaptation to practice. It is pleasing to find that this last labor of a great mind has been a labor of love, something added to the stock of human happiness, something taken away from the bitterness of life. It is singular enough that in the very place where Marshall Hall has drawn his last breath, two cases have lately ocourred illustrating the superiority of the "Marshall Hall Method" over the empirical rules of the Royal Humane Society. In one case of drowning the warm bath was administered; in another the "Marshall Hall method" was resorted to: in the first case death was the result; in the second, restoration to life. It is also remarkable that in this number of our journal should be recorded three more examples illustrative of the successful application of the "Marshall Hall method" of treatment. It is curious, too, that one of them should have occurred at Nottingham.

In the practice of his prfoession, Dr. Marshall Hall was very successful. He linked himself early and resolutely to a great subject, and rose into fame upon his development of it. He realized an ample fortune as the reward of a life of unremitting toil. We do not mean to imply that competency was hardly earned under such conditions. Such a man would have been less than happy in a different sphere. Labor was to his restless and indomitable spirit a necessity. Even now, when we are recording the death of this illustrious and lamented physician, there is a volume in the press—a recent effort of his prolific mind; and until within two months before his dissolution, the mental energies of this extraordinary man were engaged in preparing for publication in the *Lancet*, a series of papers entitled, "The Complete Physiology of the Nervous System."

It is somewhat remarkable that Dr. Marshall Hall never held the office of physician in a hospital in London. He was only physician to a dispensary for a short time. He lectured at the Aldersgate street and Webb street School of Medicine, and also at St. Thomas's Hospital Medical School. He was a candidate for the Professorship of Medicine at University College on one occasion; but owing, it is believed, to some improper influences, matters assumed such an aspect as to induce Dr. Hall to retire from the field.

We have thus far considered Dr. Hall as a man of science. In other relations of life he was equally deserving of our highest respect. As a politician, he was liberal in the highest degree. He was a strictly moral man, and was deeply imbued with a sense of the obligation of a *practical* cultivation of religion. That which he thought right to do he *did*, with unswerving honesty and courage. All subterfuge, trickery, quackery and guile, were utterly foreign to his nature. So simple and childlike was he in disposition, as hardly to be able to imagine in others the guile which had no home in his own breast. He was a kind husband, a most indulgent father, and a faithful friend. He married, in 1829, Charlotte, second daughter of Valentine Green, Esq., of Normanton-le-Heath, Leicestershire. Mrs. Marshall Hall's maternal grandfather was M. P. for Shaftsbury, and son of Dr. Cromwell Mortimer, physician to the Prince of Wales, father of George III. Throughout the protracted illness of Dr. Marshall Hall, the assiduous, devoted, and unremitting attentions of an affectionate wife were probably never surpassed. This testimony is due from personal observation of the fact. The deceased has left one son, who has relinquished the profession for the rural life of a country gentleman.

We must now close our notice of one over whose name we would fain linger. Melancholy as it is to say he *was* amongst us, our sorrow is stayed by the reflection that he did not live in vain. All that a grateful profession has to give to his memory will be given. We shall still think of him with affectionate respect as a father in medicine, but as a child in the purity and simplicity of his mind. Though no title has adorned the name of the great Marshall Hall, we who are left behind will esteem him as one who would have graced rather than have been graced by honors however exalted. The *title* which he preferred above all others, was that of the English physiologist.

The mortal remains of this distinguished man were removed from Brighton to Nottingham, where, we believe, a post-mortem examination has been made by his brother-in-law, Mr. Higginbottom, his nephew, Mr. Higginbottom, Jr., and Dr. Ransom, physician to the Nottingham General Hospital. It is believed that the death of Dr. Marshall Hall was caused by exhaustion produced by a stricture of the œsophagus of many years' standing, accompanied latterly, it was considered by many eminent surgeons, with malignant ulceration of the part. Dr. Alfred Hall, of the Old Steyne, Brighton, was one of the chief medical attendants of the deceased in his last illness. Sir Benjamin Brodie had long since pronounced the malady from which Dr. Marshall Hall was suffering, to afford no hope of the application of any permanent remedy.

TREATMENT OF FROST BITES AMONG THE ESQUIMAUX.

An Esquimaux had his leg frozen above the knee, stiff, colorless, and to all appearances, lifeless. He was placed in a snow-house at a temperature of 20 degrees below zero. The parts were then bathed with ice-cold water for about two hours, then enveloped in furs for three or four hours. Then frictions were used, first with the feathery side of a bird skin, then with snow, alternately wrapping the limb in furs, and rubbing it for nearly 24 hours. It was then carefully wrapped up, and the temperature of the snow house elevated by lamps above zero. On the third day the patient was taken to his house (where they have often a temperature of 70 or 80 degrees), and in 70 hours he was walking about, with only a slight frost-bite on one of his toes—Dr. I. J. Hays, *before Ohio Med. Soc.*

Part 3.—Editorial.

EMINENCE FOR THE INDUSTRIOUS

Eminence is a pretty sure guarantee for competence, though not necessarily so, since one's charities may be so open as to keep him continually poor in pocket, although he may have mental riches enough to purchase, at fair exchange rates, every gold hoarder in Christendom. It is a mistaken idea to suppose there is no other wealth than that of gold, or that mental riches are less fraught with the elements of true happiness than worldly accumulations; and while gold may be stolen, houses burned, and land titles prove spurious and lose their value, the capital which is stored up in the brain cannot be taken from us; it never burns or depreciates in value. And though one shall have neither a palace to shelter him, a bed of down on which to repose, glaring mirrors to reflect its arrangements, splendid coaches to air himself, nor means to fete his friends, yet if he has cultivated the mind, if he has stored his brain with true learning, if he has accustomed his ears to Nature's melody and opened his heart to her genial influences, he is not poor. A den is to him a palace, the green sward is a soft couch, nature is a magnificent mirror, the learned and good of all ages are his guests, and wisdom is the fare of his board. He is never alone, and though restless and impatient, he can never be really unhappy. Is he moody, he flies to his books; is he melancholy, Vanity Fair arouses him; is he disappointed, Shakspeare tells him why; is he in love, the lute reaches the vibrations of his heart; if he becomes careless of life, his microscope reveals the coming change; does he doubt, hope points her finger to the grand drama beyond, cheering him with her merry smiles, and tempting him with her golden promises. Then there is no earthly chance of cheating the student of the wages of his toil.

The young man, fresh, as it were, from the hand of his God, in search of knowledge, is one of the most interesting studies that we can contemplate. With his studies a new era opens on him, and we feel for him as when a child receiving his first impressions of nature's panorama. As we honor and cherish such, we deem it our duty to guard them, in some measure, against the errors which are so apt to distort and mar their aims. Nothing can be gained without exertion and severe mental training. To gain our bread by the sweat of our brows applies here as elsewhere.

The "early bird gets the worm," is a trite maxim, and should not be forgotten by the student. Let his studies not begin until he can apply himself assiduously; but bear in mind that the physical man must be educated, exercised, as much as the mental man.

Having chosen the profession (medicine, law, theology, or any other)—medicine, for the sake of illustration—let the student first learn *how* to study, *what* to study, and *where* to begin his studies. Be not over-anxious to complete them, or you will run too rapidly over every thing to learn much of any. Begin at the very elements of the science—begin with anatomy, and do not be satisfied when you can locate and name every organ and tissue, but make yourself acquainted with the microscopic character of these organs and tissues, their chemical composition, and comparatively their relations to animals, fishes, &c., in general. When the names of parts are known, do not be satisfied to stop there, but understand the rationale of this naming—know what was meant by those who gave names to organs and tissues, and endeavor, as far as possible, to read the different works on that part of the science, note the rise and progress of this branch, and those who have most contributed to its perfection, &c.

Then take up the subject of chemistry, treat it in the same way, and, as far as possible repeat all experiments that you find in your chemical works; institute others, and here, as before, make yourselves masters of the technicalities of the science;

read its abbreviations as you would your alphabet, and examine more particularly those parts of the science which are more of a medical character. Let meteorology, electricity, &c., receive careful study, until, in fact, you feel that you are a master of the science of chemistry. And here, as in the case of anatomy, trace the rise and progress of the science since the days of Alchemy, become acquainted with the masters of the science, and see when, where and how it has received new aids and lights. Thus having mastered these two sciences, you may next begin your physiological studies.

Here, too, you must commence at the very elements of the science—make yourselves thoroughly acquainted with the cell, its mode of development, its laws and capacities, how and why it dies—how new ones are produced, the different kinds, &c. Inquire into the function of every organ and tissue, every fluid and solid. Make yourself acquainted with the various vital processes, repeat them artificially, study all disputed points, examine the physics of life, the various phenomena of life—decay and waste, nutrition, excretion, etc.—in a word, master all that is really known, of static physiology, and then apply yourself to the investigation of its dynamics, its social mechanics, etc; trace out the causes of national decay, the differences of color, mental capacities, idiosyncracies, &c. Here, too, understand the terminology of the science, its history, rise, progress, literature, &c., and the names, character and labors of its great masters.

Having accomplished this much, you are then prepared to begin the study of pathology. Your anatomical and physiological knowledge, your chemical acquirements and your microscope, will reveal to you the astounding fact, that you have only to learn the different functional action of the organism, and to read these, to diagnose correctly any derangement of the system. For these conditions you will look to the fœces, urine, saliva, sweat, &c., and with your microscope and chemical reagents, predicate the abnormal conditions as easily as though they existed on the very surface of the body. You look, for example, in the fœces, and find the egg of a particular worm, and though no other signs are present, you know to a certainty that the worm is there. Your reagents show the presence of albumen in the urine, and you predicate certain pathological conditions with mathematical precision.

Next you turn your attention to therapeutics, and here you find that your previous chemical and physiological training, leads you at once to the real action of medicines in the economy. This department, of course, applies to classes of agents more particularly, and you do not master the subject perfectly until you have studied the materia medica, with which you should not be satisfied until you can gather, name and classify all indigenous plants. Here, too, chemistry comes to your aid, and by a little trouble you attain a perfect knowledge of the value of the agents used in medicine. Thus, if the system be in a pathological condition, knowing the chemical properties of your agents, you know what is physiologically or therapeutically demanded. You are thus led to administer medicines rationally.

Surgery becomes easy after such a training in anatomy, pathology and physiology, and the study of the art only is required. This study is most beneficial by the side of an operator, who is actually at work. But neither the mere study of the principles or the art of surgery can make a complete master of this department; both must be conjoined, and you must exercise your own judgment. The same is true of Obstetrics.

Now, what has been said of any one of the grand divisions of medicine, applies with equal force to any special subject of any of the departments. The study of the physiology, pathology, anatomy and surgery of the eye, is all-sufficient to engage the utmost exertions of the most studious and determined intellect; so of the ear, the stomach, the kidneys, etc.

Those who have risen to great eminence in the profession of medicine, have done so from having bent all their energies to the investigation of some special part of the science, and we venture to affirm that eminence will always attach to him who has mastered really any department of science. It is by the labors of special investigators that medicine has attained its present proud eminence.

But all these studies are not to be completed in a year or two, or three. Time and application, a well organized brain, health and perseverence, can alone give promise of success. The great fault with American students is that they are too anxious to get to practice. The possession of a diploma is all that is sought for, and when it is obtained, the young practitioner then learns for the first time, that it requires something more than a mere sheepskin printed in Latin, to make him a physician. Many, as soon as this fact rises to view, either quit the profession, or re-commence their studies, which never more cease; for, strange to say, after getting into the real depths of the science, they become fascinated with it, and when they are least aware of it, are attaining an eminence that is truly lasting.

If we ever desire the American profession to attain a high standard of eminence, we must encourage students to occupy a longer time in preliminary studies, and to master each, or at least some particular branch. We must teach them facts, and discard theory, unless we can prove the theory to be founded and based in fact. They must have libraries, museums, illustrative lectures, the best books, large hospital experience, and a thorough interchange of opinion.

The medical schools in this country ought to be re-organized, in a great measure, and we beg to offer some suggestions in this way. Say that one-half the medical colleges merge into the other half; divide the science into its full natural divisions, say into twelve departments, and let the faculties be composed of the best teachers only, each of whom lectures only three times a week, on alternate days. Have every lecture experimentally demonstrated, if possible, and let the sessions be six months in length. Require the student to comprehend the language he is to speak; to be grounded in all the departments; and make each one attend until he is an accomplished physician, whether that be one year or ten. Of course we only attempt an outline, and leave others to examine the subject in detail. A college organized upon the above basis would very soon attract to its halls all who ought to practice medicine, or force other schools up to the same standard. A diploma from such a school would really be worth something, and the possessors of such diplomas would very soon put down quackery. At present the most superficial man, if he but have the element of policy, soon rises to what he conceives to be eminence, but which dies with or before himself. To prevent speculation, the tuition fees should be placed at one hundred dollars per session, and every student should be rigidly examined in every department before honored with a diploma. The present system of conducting examinations is altogether too careless and superficial. No student would object to this rigid discipline, if he really desired eminence; and whether such shall ever be thus subjected or not, they will find that, when honors have settled around their brows, they will court rather than shun such examinations.

The colleges at present chartered require to have their charters so amended as to accommodate the above suggestions; and though we may never live to see such colleges in the United States, they will nevertheless exist at some time or other, and the sooner the better. And we say to every student, study well what has been said, and if we have spoken truly let him operate upon our suggestions.

NEW MEDICAL BOOKS.

We are happy to observe the growing interest manifested by physicians, to give their opinions, observations, and experience to the profession. We know of several large works now in press—works on diseases of women, general practice, diseases of children, surgery, &c. This speaks well for the industry of the profession, if it does not promise advance in science.

We have received advance sheets of Dr. Comings's new work on Practice, which will be a large book, if we may judge by finding scarlatina on page 1008. We forbear to say much of the work until it has been completed, and we have had time to examine its real merits. Dr. C. will no doubt produce a book creditable to himself and the school to which he belongs.

ANOTHER MAL-PRACTICE CASE.

The following came to us direct from Judge K., one of our most eminent jurists. On old Negro woman, some three years ago, was in the Judge's office seeking charity. At the time, she was afflicted with a cancer of the breast, and Judge K., being alive to the sufferings of humanity, set to work, and in a few moments raised $160, which was given to the old woman. Soon afterward, she applied to one of the editors of this journal, Prof. R. S. Newton, to be treated for cancer. The Doctor took her to his clinic, furnished her a room and board for several weeks, and treated her before the class of the Eclectic Medical Institute, and finally discharged her cured. For all this no charge was made, and every one acquainted with the case supposed she was dead, as she was old at the time he treated her.

Some four weeks ago she dropped into the Judge's office again, this time desiring him to institute suit against Dr. Newton for mal-practice.

Judge K. How is your cancer?

Old Woman. Cancer! Oh! that's well long ago; but when Dr. Newton cured me he put pieces of strings with knots in them, powdered rocks, pieces of brick-bats, sand, quicksilver and the Lord knows what, into my lungs, and now I'm spitting them up every day.

Judge. No matter; if you are cured of the cancer, you ought to feel thankful.

Old Woman. Thankful! I could tear out his heart. His old strings and dirt are killing me; if I don't sue him I shall die.

The Judge seeing her dementation, and supposing some one had been trifling with her, asked what she had done with the money he had given her. "O!" said she, "I've got most of it, and mean to spend it on that Doctor." "But, my good woman, you say the Doctor has cured you; why, then, should you desire to annoy him?" "Because his strings and dirt, his quicksilver and brickdust, are killing me, I tell you!" "Now, let me tell you," said the Judge, "if any one offers to bring such a suit against Dr. Newton for you, he will steal your money. You go home, keep your money, and in a week or two call in and see me again." The old woman consented, but in due time she called on the Judge again, as determined as ever to bring her suit. The Judge endeavored to reason her out of such a notion, and she left piling anathemas on the head of the Doctor, and vowing vengeance on him for filling her lungs with strings, dirt, &c.

So much, then, for the kindness shown a sufferer. We suppose she may find some body, claiming to be a lawyer, who will be silly enough and mean enough to bring a suit in order to get her money. Truly the medical man has a hard road to travel.

HARD TIMES AND THE COLLEGES.

The financial crisis has affected every thing and every body. Business of all sorts seems stagnant, in comparison to what it is at this season of the year when there is no peculiar pressure in the money market. The effect of the suspensions this fall has been felt to a greater or less extent by every institution of learning in the city, indeed of every city in the Union. The remuneration for teaching in this country is always small, and no class feel any money pressure more than teachers. Nevertheless, in the Eclectic Medical Institute, every man is at his post, and faithfully discharging his duty. Our class numbers only about 100, when it ought to have been 160 or 180. It will probably reach 130, but it ought to have reached 200, and no doubt would, had money matters been easier. We know of many who intended to be in attendance this winter, but have been compelled to defer leaving home till the opening of the spring session. With other colleges matters are worse, and we are surprised that some of them do not suspend rather than lecture to the few that are in attendance.

PROCEEDINGS OF UNION ECLECTIC MEDICAL SOCIETY.

AMELIA, OCT. 11, 1857.

Union Eclectic Medical Society met pursuant to adjournment in the office of W. M. Robinson, M. D., J. S. Martin, M. D., in the Chair. Minutes of previous meeting read, and on motion of Dr. Ingalls, were adopted as read.

By request of the President, the constitution and by-laws of the Society were read by the Secretary.

On motion of Dr. Marsh, W. M. Robinson, M. D., was invited to participate in the exercises of the meeting.

On motion of Dr. Ingalls, the order of business was suspended, to proceed to the election of officers for the ensuing year.

The following officers were then duly elected:

President—W. M. INGALLS, M. D.
Vice President—B. BLYTHE, M. D.
Secretary—Dr. R. MARSH.
Treasurer—J. S. MARTIN, M. D.

Prof. A. J. Howe, of Cincinnati, being present, was, on motion of Dr. Martin, elected an honorary member of the Society.

Dr. Blythe read an interesting essay on pelvic presentations, giving a number of cases in practice, also statistics showing the average number of deaths in such cases. Paper placed on file.

Dr. Ingalls presented an interesting case of strangulated hernia for examination by the members. The case was a boy about eight years of age. Has been been afflicted about five years. Examined by Prof. Howe, who followed by an instructive lecture upon the peculiarities of hernia and its treatment.

Dr. Ingalls read a report on Concentrated Remedies, showing the difference between taking medicine by the pound, and the small quantities in which it can now be prescribed. Also exhibited a number of concentrated preparations from the houses of Wm. S. Merrill and T. C. Thorp. Report placed on file.

Prof. Howe addressed the Society upon the general treatment of hemorrhoids.

Dr. Ridgeway addressed the Society on intermittent fever and congestion of the brain, giving a course of treatment as pursued by him.

Dr. Martin offered some interesting remarks upon the signs of pregnancy. Also strongly recommending tinc. gelseminum as a parturient.

The President appointed the following committees to report at the next meeting of the Society:

On Practice—J. S. Martin, M. D.
On Surgery—J. H. Day, M. D.
On Obstetrics—J. F. Ridgeway, M. D.
On Con. Remedies—Dr. R. Marsh.

On motion of Dr. Martin, the next meeting of the Society was fixed at Olive Branch.

On motion of Dr. Ridgeway, Dr. Ingalls was appointed to procure a speaker for the next meeting.

On motion of Dr. Marsh, the Society adjourned to meet on Saturday, Jan. 9, 1858, at 9 o'clock. W. M. INGALLS, *Pres.*

R. MARSH, *Sec.*

LOCATIONS.

Eclectic physicians are in demand in every portion of our country. We know of a location—Vevay, Ind.—that requires a good Eclectic practitioner, one who can *really* represent our practice—a practical man. As we know something of the merits of most Eclectics, our recommendation will secure a good practice and position for one who can satisfy us of ability, steadiness, &c. We know many hundreds of such, but they are now engaged in practice. Any one feeling that he is the man for *Vevay*, may learn more by addressing or visiting us.

On the other hand, Dr. Lands, of Logansport, who is out of health and desires to travel, writes to have us send a practitioner to take his place. A letter addressed to Dr. D. W. Lands, Logansport, Ind., will receive in answer further particulars.

Dr. W. R. Stevenson, of Wiltshire, Van Wert Co., Ohio, who wishes to retire from practice, also writes to have us send a practitioner to his place. He wishes to sell his house and lot, office, &c. Further particulars may be learned of him by writing.

COMING DOWN.

How the high-toned snobs of the Medical profession are falling from the vast height on which they had perched themselves. Now, be it known that we do not think it disgraceful for a medical man to advertise his business in an honest way—no, not even if he publishes a newspaper for that express purpose. We well remember, however, how certain parties, heads of colleges and others, kicked up a dust and anathematized us for such a course only a short while ago. We contended for reform in medicine—for a more positive system of medication, and a more thorough acquaintance with the human body, both in health and disease—we contended that nature's materia medica was too comprehensive to be mastered in a day, and also that it was every man's duty to think and act upon the conclusions of his own judgment in medical matters. To all this the Allopathic schools demurred as much as the church did when Luther began his labors. We paid little or no attention to the abuse which was heaped upon us, and at once proceeded to put into execution our plans. We have succeeded to a great extent, and those very dignified gentlemen who could not bear "puffiing," and medical newspapers, have at last acknowledged the corn, and have out-Heroded Herod himself. The Cincinnati College of Medicine and Surgery, one of the "highfalutin" establishments, has found it necessary to set up the Free School system—tuition actually expenseless!—and to start a little newspaper sheet for its advocacy. In the first number of the *Cincinnati Medical News*, Edited and published by Prof. A. H. Baker, we find these words:

> "REFORM.—We hope our correspondents will avoid the use of this term, as applied by some, to the *improvements* in the profession. *Reform* in *science* cannot take place, and we (the regular profession), teach only scientific Medicine; *truth cannot be reformed.*

O, humbug, Doctor! It's no use "kicking against the pricks"—you love the *truth* of Reform, and will yet advocate it, so you had as well cast aside the silly prejudices of other years, and come out square and flatfooted. For our part, we do not believe in the eventual success of any free school movement, but as you are in it, do as we did—grin and bear it, and adopt for your motto, "Don't give up the ship." Renounce your blue pills, your lancet, and tartar emetic, and we shall think you are getting pretty far along on the road of reform.

MASSIE'S ECLECTIC SOUTHERN PRACTICE.

Of the real merits of this work we have an ample test, from the fact that the large edition of 1854 has been nearly exhausted. The few copies on sale are to be had of James G. Henshall, 110 Sixth street, Cincinnati, and those who wish to possess this invaluable book cannot purchase too soon.

Massie's Practice is the only representative of Eclectic medicine yet published in the South, and is eminently worthy of the author, and liberal medicine. Dr. Massie is a man of large and successful experience who wrote this volume in compliance with the request of a large number of Southern physicians, who personally knew of the success of the author in the treatment of disease. The book is one of originality, science, and frankness. It is true that the author was in the habit of giving an occasional blue pill, but we must remember that his book was written in 1852–3, at which time much less was known of our concentrated remedies than at present, and whoever reads Dr. Massie's work will be pleased at his evident honesty and good faith. He is an Eclectic in the truest sense of the word. He is a man of fact, practically knowing of the truth of that which he has written. Outside of all other considerations, this alone should make the work, as it is, a favorite with all good practitioners. The work has 720 pages, printed on good paper, and is well bound, and certainly well worth its price. No work yet published has contributed more to enlighten and liberalize the profession in the Southern States than this, and we trust that the author will not let his pen sleep when there is so much to do.

COOK'S PHYSIOPATHIC SURGERY.

Surgery may be divided into the science and the art—into principles and practice. Surgical reputations depend on the exercise of the *art*, though it must be admitted that correct principles, a scientific basis, does for the *art* of Surgery, just what architectural science does for the builder. Operations and their results are alone subjects of public comment, in reference to the doings of the Surgeon; only he, and those who are likewise masters of the art, know anything of the principles which have guided him in the art. If he refuses to cut, he is generally able to give a rational cause for such refusal, even though it may not be comprehensible to the great public. Surgeons who are well versed in the principles of the art, generally attain great eminence in their profession, while those who look only to the modus operandi of extirpation, &c., often commit the saddest blunders. On the other hand, the failures of the most thoroughly scientific Surgeons, do not demonstrate a want of a proper knowledge of the parts and their physiology, as they may be owing to accidental and fortuitous circumstances, over which an operator has no control. Surgeons are either theoretical or practical—scientific or artistic; but the public can form no estimate as to the decision of this, since it requires a knowledge of anatomy, physiology, and pathology, to perceive the relation of the operation to the result.

There is a sanitary kind of Surgery, which endeavors to repair accidents and preserve the body unmutilated; and so there is another class which may be called "*Slashers*," who, catering to public ignorance, think the greater the process of mutilation, the greater the skill of the Surgeon. The truth is, that "slashing" in Surgery is rarely admissible, and never exhibits great Surgical knowledge. To cut may be, and often is, actually necessary, but it presupposes no extra Surgical skill. Whoever can cure the most cases with the least use of the knife is the best Surgeon, and, as a general rule, "slashers" are superficial, or mechanical men only. To remove an arm or leg is only a plain mechanical operation, and presupposes no very great skill or knowledge.

The basis of Surgery is anatomy—no man can be a good Surgeon who is a poor anatomist,—he never can be a scientific Surgeon if he has neglected physiology and pathology. We might illustrate these opinions by many collateral facts, but we presume that no scientific man will call them in question. The necessity for more correct knowledge of the principles of Surgery, has long been apparent to the medical profession, and every party in medicine has its works on Surgery, as well as on practice. It is evident, however, that as there is but one science of anatomy, one science of physiology, one science of pathology, &c., there can be only one science of Surgery.

In fact, no school can rightly claim to

be the representative of all that is truthful in any of these medical departments. Every system of Surgery, Allopathic, Homœopathic, Physiopathic, Hydropathic, all, no doubt, contain much valuable matter, but it does not follow that either is devoid of error, or that either is all error. We presume that the amputation of a leg is very much the same, no matter whether the operation shall be by the Allopathic or the Homœopathic Surgeon—whether by the Physiopathic or the Hydropathic, and that the differences of dressing may be referred to chirurgical medicine.

What is still more remarkable is the fact that the works on Surgery, do not in the mean differ very much as regards the true essentials of the science. It is generally on the minor questions that we observe the differences, which have divided the profession into sects and schismatic factions. It would be an amusing thing to hear a Surgeon talk about amputating an arm Allopathically, Homœopathically, Hydropathically, or Physiopathically, yet we have Allopathic, Homœopathic, Hydropathic and Physiopathic Surgeries, of which latter class is Dr. Cook's.

So far as we are concerned, we feel it a duty to examine the claims of each of the various candidates for public favor—caring very little for their names; and we here declare our entire willingness to admit a new principle, a demonstrated fact, or a new operation, from any or all of them; and in so doing we shall adhere to our principle of choosing and adopting the best and the best only. And while we may find much in Dr. Cook's book, to which we cannot give our consent, we nevertheless tender him our thanks, and that of all true Eclectics, for getting together, in so creditable a shape, the Physiopathic idea of Surgery.

The work, as far as its typographical appearance is concerned, is of the first order. It is an octavo of 714 pages, on smooth white paper and in good binding. It is divided into five parts, treating respectively of 1st, Vital Manifestations in Diseases; 2d, of the Processes of Destruction; 3d, of Accidents and Injuries; 4th, of Special Affections of Tissues and Regions, and 5th, of the Operations in Surgery. In every aspect the work is thoroughly Physio-medical, as it purports to be, and adheres faithfully to the Physiopathic system. Of course the principles advanced are made to bend to the accommodation of that system, for to admit other than such facts for illustration would destroy the system itself. The connection must be sustained, or the Surgery will prove, like Jackson's Practice, of infinite annoyance to the practitioners of that system,—while, on the other hand, the Physio-medical idea must be maintained, else the Surgery would be worse than useless in the propagation of Physiopathy. Hence, in perusing Cook's Surgery, no one need think to find anything inconsistent with the teachings of the Physiopathic Faculty.

So far as the work presents new theories it is a valuable treatise, whether such theories are true or false, for the negation may lead us to examine the course, and step by step enable us to perceive our own errors. As it quotes and reprints the sentiments and opinions, the principles and practice of Sutton, Erichsen, Cooper, Miller, Muter, &c., &c., it is no better than they, except that it may save the student from a vast amount of hard study. To give the reader an idea of Dr. Cook's style, and his style of inflammation at the same time, we present his view of inflammation.

"Inflammation is the vital cause of every healing process, and is met with at almost every turn of a strictly surgical practice. It differs very much in degree on different occasions—being scarcely perceptible in simple injuries and plain incisions which heal by the first intention, but rising to a persistent and vigorous struggle in extensive injuries, severe lacerations and capital operations, and rallying the most powerful vital action for the preservation of the parts yet alive. No one feels alarmed at this *effort of nature* when it is placid and effective; but when it rises to a fierceness equal to the extent of the mischief it seeks to overcome, it is at once feared and fought against as an enemy, while the real difficulty is too often disregarded. Concerning the conflicting ideas which are entertained in regard to inflammation, Prof. Miller (Principles of Surgery, vol. i, p. 108) justly observes: 'This term has been made to include too wide a range of action, * * rendering the cause of simple effusion one and the same with that of suppuration, ulceration, and gangrene; uniting, as if in one harmonious operation, the healing of a wound with its gaping and suppuration—the gradual enlargement of a part with its destruction and discharge—the death of a portion of bone with the formation of its substitute—the successful reunion of a broken limb with the suppurative arrest and undoing of the callus—the infliction of an ulcer with its process of healing: all, however dissimilar, declared the offspring of one common parent—inflammation.' Had Professor Miller clearly seen that inflammation *always* consists in disturbed and excited vital action, he would have been able to avoid the surgical contradictions which he found himself unable to reconcile. Inflammation is the natural and necessary result of vital effort accumulated upon a given part for the purpose of preserving it; while suppuration, gangrene and mortification, take place only in those portions of the body which have fallen under the control of chemical affinities.

"Absurdity and contradiction must continue to mar the pages of medical literature till life comes to be regarded as an innate procreative principle, rearing its tenement and preserving it, for a time, amidst the influence of opposing forces—manifesting itself in a great variety of ways during its labors to develop, protect and repair its 'earthly habitation.' The surgeon from his stand-point, should be able, in the light of physiological science, to take correct observations of both disease and health—to discriminate between *vital* act and acts which are purely *chemical*—to draw a distinct line between the formative and preservative labors of the vital power and conflicting chemical affinities. Then it is that he will recognize the great natural truths, that one motive power of the universe continually labors to build up organic structures, and an entirely different one tends continually to their dissolution. With an understanding thus enlightened, there will be no necessity for confounding 'the infliction of an ulcer with its process of healing,' or 'the death of a portion of bone with the formation of its substitute;' for the line that separates vital from chemical action will have been clearly defined and every simple or complicated series of effects will each be readily assigned to its appropriate cause.

"The practitioner, whether medical or surgical, should make himself thorougly acquainted with these two motive powers in a state of both health and disease. The life principle, or disease-resisting power, is the one that he is called upon to aid; and all the means he may use, and all the appliances he may make, can never result in any benefit to the patient, unless they are of a character calculated to assist this vital force in retaining its hold upon the frame and resisting the tendencies to chemical destruction: if the chemical power usurps the control of the animal fabric, death is the inevitable result. How futile, then, would be the efforts of that practitioner who has not learned to distinguish between these two opposing forces? and how unlikely would he be to succeed in his attempts to heal, not being able to make a distinction as to which of the processes he is to aid, or which to guard against? Yet this is the position of every surgeon who confounds inflammation with suppuration and gangrene, or who considers the one as being any part or portion of the other.

"Inflammation may be briefly defined as *a local accumulation of blood, with increased vital action in the part;* in other words, a circumscribed fever."

We regard Physio-medicalism as one extreme of medical opinion, but recommend an examination into its merits, for it undoubtedly has some. The work may be ordered from Wm. H. Cook, M. D., Cincinnati Ohio.

THE MEDICAL STUDENT'S VADE MECUM.

This is an octavo volume of 692 pages, prepared with ability by George Mendenhall, M. D., Professor of Obstetrics in the Medical College of Ohio. Its name "*Vade Mecum,*" is very expressive of both its character and object. It is a system of questions and answers, exhibiting a compend of medical science, and intended to supply the gist of the branches the student is expected to master. While we admit the convenience of such books to the student, we beg to say that, in our opinion, they are really calculated to benefit only such superficial students as are too lazy to study. The work is on sale by Rickey, Mallory & Webb, Cincinnati.

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Part 1—Original Communications.

INGUINAL HERNIA.

BY DR. J. W. PRUITT.

Every one that is called to discharge the responsible duties of a surgeon, should thoroughly understand this disease, because an hours' delay may be death to the patient.

There are several kinds of hernia described by surgeons, but we shall only speak, for the present, of that one, the name of which heads this article. We shall not enter further into the anatomy of the parts than to show their relations. The spermatic or inguinal canal, is about one inch and a half in length, in the normal condition of the parts, and is bounded in *front* by the aponeurosis of the external oblique muscle; *behind*, by the transversalis fascia, and conjoined tendon of the internal oblique and transversalis muscles; *above*, by the arched borders of the internal oblique and transversalis; *below* by the grooved border of Poupart's ligament, and at each extremity by one of the abdominal rings.

Inguinal hernia is of two kinds, direct and oblique. We shall not enter into a description of the two, further than to state the coverings, or coats, that cover each, and the diagnosis between them.

The coverings of an oblique inguinal hernia, after it has emerged through the external ring, are the integuments, superficial fascia, intercolumnar fascia, cremaster muscle, transversalis fascia and peritoneal sac. Direct inguinal hernia has received its name from passing directly through the external abdominal ring, and carrying before it the opposing walls of the abdomen.

The only difference in the coverings of the two is, that the conjoined tendon in direct hernia, takes the place of the cremaster muscle, which forms one of the coverings in olique hernia.

The direct form may be known from the oblique, by its not obtaining so large a size; by having a tendency to protrude from the middle line, and the relation of the neck of the sac to the epigastric artery; that vessel lying to the outer side of the opening of the sac, in direct hernia, and to the inner side, in oblique hernia. Inguinal hernia is called scrotal, when the viscera descend into that cavity. The remote cause of inguinal hernia, is doubtless a weakened condition of the parts. The exciting causes are sudden and great exertions, however made, so they are forcible enough to force the viscera through the weakened part.

The *symptoms* are, a tumor in the inguinal canal, or scrotum, which may vary from the size of a new-born child's head to a small hen's egg. If it is strangulated, the patient will be in great pain, frequently vomiting, and the tumor quite hard.

The *treatment* consists in reducing or returning the viscera back into the abdomen by the taxis, when possible; if not, by dividing the stricture with the knife.

When called to a case of inguinal hernia, the surgeon should first try to reduce it by the taxis, having the patient placed in a recumbent position with the legs drawn up and pelvis somewhat elevated. The surgeon then grasps the tumor by the neck with the left hand, if it is on the right side, and with the right hand, if it is on the left side, so as to steady it, and with the remaining hand he exercises firm and steady pressure on the hernial mass, in the direction of the neck of the tumor, changing occasionally, his hand to different positions on the tumor.

At the same time an attempt is made to return the viscera, the patient should be requested to expire freely, and to continue holding his breath as long as he can.

After the taxis has been thus tried, a reasonable length of time, without success, then relaxants and antispasmodics should be freely used, as gelsemin, veratrin, sanguinarin, &c; also frequent injections of warm water, with the tinct. of lobelia added, and warm bath may be used. After the patient is completely relaxed the taxis is again to be tried, (the first sign of success being a slight gurgling in the tumor), and if not successful, the knife must be resorted to. But, however, it would be well enough first to try the method recommended in Syme's Surgery, by Newton; that of pressing the point of the index finger up under the stricture and thus dilating it. I doubt not but that it would prove of advantage, in the majority of cases. After every known means has been faithfully tried to reduce the hernia, without success, we then should operate—not before; however, an operation should not be too long delayed, say over eight hours, lest gangrene should take place.

The patient being placed to the side of the bed, the hair should be shaved off, and, if circumstances do not forbid, chloroform administered. An incision three inches in length will be sufficient, letting its center be directly over the stricture; it should be made with the scalpel down through the first three coats, then with the forceps and knife; the parts should be carefully dissected away at the lower part of the wound below the stricture, until the peritoneal sac is reached, which may be known by its rather white appearance. A small portion should be gently taken up with the forceps, and a small incision made in it, then by using a probe-pointed bistoury there will not be much danger of wounding the bowels.

The point of the finger should also be inserted to guide the point of the instrument; if the finger cannot be introduced on account of the tightness of the stricture, a grooved director should be used. When the knife is passed above the stricture its handle must be raised, and its point kept steady, and thus the stricture will be divided. Care should be taken that none of the viscera get before the knife.

Any artery that is cut must be taken up, and an assistant should be present to keep the blood out of the operator's way.

The bowels can easily be returned by the taxis, after the stricture has been divided; they may be known by their dark, glossy appearance. A portion of omentum also generally descends along with the bowels. After the viscera have been returned, and the edges of the wound glazed, they should be drawn together with the interrupted suture, and lightly dressed with lint, a compress placed over this, and kept in its place by a T bandage.

If the bowels do not move of themselves, in three or four hours, they should be invited to do so by the use of bitartrate of potassa, in drachm doses, every hour. Injections and castor oil may be used for the same purpose.

After the bowels have been evacuated, should the patient be restless and feverish, with a high pulse, sedatives and anodynes must be given, as veratrin, gelsemin, hyoscyamin, alone or in combination, according to indications. The following is an excellent sedative and anodyne:

℞ Tinc. Gelseminum, f℥iij
Tinc. Aconite root, f℥j. M.

Give twenty drops every hour, until the patient becomes quiet; it will lessen the action of the pulse, reduce the fever, and induce sleep.

The patient must be kept on a light diet, his bowels kept soluble, and the wound dressed as often as occasion may require. Should congestion or inflammation of any part supervene, it must be treated on general principles. Sedatives, anodynes, and scarification and cupping, followed by hot fomentations of hops and tansy, are among the means that may be used.

Much will depend on the judgment of the practitioner, which my space will not allow me to mention. I will give the report of one case recently operated upon by me, and then close this article, already too long.

On the 21st of September last, I was called to visit Mr. E. Petray, æt. 48 years. Upon my arrival I learned that I was sent for merely to assist Dr. Russell, an Allopath of this place, who had been sent for, but had not arrived. I inquired into his case, and found it to be oblique inguinal hernia. The scrotum was greatly distended, of an ovoid shape and very hard. The patient was in great pain. The messenger that had been sent for Dr. Russell soon came back—he, from motives that professional courtesy forbids me to mention, refusing to attend.

I tried the taxis in vain; then completely relaxed the patient and again tried the taxis without success—the symptoms becoming very alarming.

The patient asked me if I thought I could perform the operation. I told him I could; so I proceeded to operate in the manner above described; divided the stricture, which appeared to be at the external ring and Poupart's ligament; it was so tense that a probe could scarcely be passed under it.

The bowels were easily returned after the stricture was divided, by the taxis. The bowels moved freely of themselves in three or four hours, the first stools being large and bloody. Patient had some fever for two or three days, but it was kept down with the tinctures of gelseminum and aconite root, and the wound was dressed as above indicated. Patient did well until the 3d inst., when he became restless, with some fever, his pulse being 120 per minute; also had a spasmodic pain in the left side, opposite the margin of the inferior ribs. He was treated as above directed, and to-day he is doing well—being the 21st from the operation.

I would remark before closing that patients who have been operated upon for hernia have almost always to wear a truss, or some mechanical support, afterward.

October 10, 1857.

REVIEW OF BUCHANAN'S ANTHROPOLOGY.

BY PROF. L. E. JONES.

"Region of Crime and Selfishness."—The great author of the great "System of Anthropology" has made another great and "brilliant discovery." He has found a most extensive region on the surface of Dinah—one of his naked females—covered by the neurological organ of "*Crime and Selfishness.*" It is located by our author on the right *posterior* of Dinah, extending from the diaphragm downward upon her right thigh, and from the center of the spine and sacrum forward to a perpendicular line about half way between the spine and umbilicus.

The reader will recollect our author located the "*Combative and Destructive Region*" on the left *posterior* of Dinah, within which space he said he had discovered some ten or fifteen different and distinct neurological organs. Notwithstanding the multiplicity of its organs, yet it is far less extensive than the "Region of Crime and Selfishness;" as the latter is equally broad, while it extends, according to the geography of our author, both above and below the former.

Some may suppose our author designs the right posterior of Dinah, (the "Region of Crime and Selfishness") as an exact counterpart of her left, or that of the "Combative and Destructive Region," but its greater length proves this not to be the case. The names differ so widely in their import as to forbid the idea of their identity in the "Neurological System of Sarcognomy." Had our author recognized their identity, he would have said so, beyond all doubt. He would have declared that the same neurological organs existed on both Dinah's right and left buttocks, and he would have boldly inscribed the *same* name on the *same* region on each posterior, together with the names of the ten or fifteen organs which he says he has found within the limits of the "Combative and Destructive Region" of the left side. His general practice is to inscribe the name upon the organs of either side in cases of duality, as in the examples of "Coarseness," "Firmness," "Disease," "Respiration," "Sleep," &c. Not having done so in this instance, the use of different names and those of different import being used, it is quite certain that he has discovered a class of organs entirely different in their faculties, functions, instincts, inclinations, propensities, dispositions, &c., from the demons of the left side. Furthermore, his location of "Hope" on the right side of the sternum and "Mortality" on the left at the same point, proves that there is no uniformity in the acts of these "squatter" organs, and that the whole process of naming and "pre-empting" by our author, it a matter of vague fancy.

Were it a matter of demonstrable truth, would not the location of the organs and the naming be governed by the utmost exactness, and the inflexible laws of a fixed science? The location of "Hope" on the right side, and that of "Mortality" at the same point on the left—that of "Melancholy under the ribs and in contact with them, and then in the pelvis, seem to prove want of uniformity and a fickle fancy, not an element of a philosophic mind. Again, the location of "Adhesiveness" on the forearm, on the back, and also on the head, prove it not fixed, not truthful, not scientific, but the fanciful conjecture of a visionary mind. A further example of this is afforded in the discovery of "Combativeness." Our author has discovered it on the head, forearm, and left buttock.

The manifest research and reflection bestowed upon this subject by our author in his discovery and location of double and treble organs, in two, three or more different, dissimilar, and remote parts of the body, are among the most mysterious and profound of all our author's "brilliant discoveries." He knows when one neurological organ inhabits a fixed location on one side, and when an organ totally different in capacity and function inhabits a corresponding spot upon the opposite side; he also knows when three organs of the same kind exist in three different regions; and should they be double, as he affirms some to be, then he knows when six of the same identity exist in six different parts of the body as so many "pre-emptors" and "squatters." Locating and naming neurological organs must certainly be either the result of a fickle and vague fancy on the part of our philosopher, or it must be a display of the most mysterious and consummate workings of a hidden and profound science that the philosophic world has ever witnessed.

The innumerable contradictions, to say nothing of the gross and palpable absurdities so transparent, prove that no sane mind will adopt the latter conclusion.

But to return to the text: The captions appended to the two neurological regions are very different in meaning. That of the left posterior ("Combativeness and Destructiveness"), indicates a quarrelsome, contentious, and combative propensity—a purpose to fight—to make war—to attack enemies or their faults, or even the errors of friends. It imports a disposition to destroy enemies, the errors of friends, the brute creation, and even noxious growths—in short, anything that opposes—anything erroneous—anything brutal or displeasing.

The neurological region upon the right posterior ("The Region of Crime and Selfishness"), differs widely in its signification or import. "It is the dark and bloody ground"—not that of open enemies and manly combat, but that of secret midnight plotting—that which destroys by intrigue, by fraud, by deception, by the midnight issue of wild-cat stock. It is this criminal region that incites to the commission of murder, theft, arson, the illegal appropriation of the funds of others to its possessor's use—the violation of the marriage relations of a friend, and the ruin of parties; it is indeed what its name imports—the "Region of Crime and Selfishness." It disregards the right, and what is still worse, the accumulations of honest industry. It has more regard for that of others than for its own. While it is reckless and prodigal of that stolen from others, it is guilty of no generous impulse to acquire by means of honest industry.

This region, if we can credit our author, appears to be "the next higher grade of the animal kingdom" in wickedness and crime.

The "Combative and Destructive Region" occupies a much more reputable position in the calendar of criminal offences than that of "Crime and selfishness." It is the latter region that perpetrates the higher grade of criminal acts, and then seeks by falsehoods and humbuggery to conceal them.

Such are some of the legitimate deductions flowing from the text.

Does not the capability to commit crime and manifest selfishness involve the question of mind—of intellect—of reasoning faculties? Does the right posterior of Dinah exhibit evidences of either criminality or intellectuality? Who but Dr. Joseph R. Buchanan would have discovered either in the gluteal muscles and adjacent parts? Thousands of years have elapsed since these organs were created (I mean these neurological organs, if indeed they exist elsewhere than in a distempered imagination), and yet their discovery had eluded the research of anatomists, physiologists, and philosophers up to 1842.

Then let all hail the birth of this intuitive genius who applied the palm of his philosophic hand to the buttock, and thereby extracted these wonderful scientific and philosophic truths of such vast practical importance to Eclectics, and to the rest of mankind. And is not the product the offspring of the boasted and boasting champion of Eclecticism? He wantonly and insultingly has proclaimed to the world that his doctrines, (his vagaries, dreams, fits of nightmare, and spasmodic efforts to humbug) have been mainly instrumental in securing for the Eclectic Medical Institute its practical character and the reputation which it enjoys.

"COMBATIVENESS."—We continue this article, not by the examination of another "Region," as the subject would be too long, but by the consideration of the organ known by neurologists as that of "Combativeness."

In a former article we examined the "*Combative und Destructive Region*," and informed the reader that our author had found within it a particular organ, and described it thus: "Profligacy and Selfishness extend from this (margin of the ribs) toward the spine, and from the latter, Combativeness descends upon the pelvis to the region of Hatred." (See Anthropology, p. 370) In this locality Dr. B. has found one "Combativeness," (as he says) located upon the lateral and posterior surface of the body."

Now, in addition to this "Combativeness," on the left posterior of Dinah, he has found another "Combativeness" upon the posterior surface of Peggy's left forearm. The latter location appears to me to be altogether more natural than that upon the left buttock. In due deference to the proof adduced by our philosophic author, I must say I do not think it would look natural or becoming to see that part strip for combat. Its method of attack or mode of defence must be awkward at least.

I am inclined to believe that our author had executed his geographical chart and fixed the boundaries of his nethermost "Combativeness" before he discovered another organ of the same name and office on the left forearm, and that having fixed the first, he dare not erase it when he discovered the second, lest he should manifest conscious fallibility, which would never do, as it might destroy the confidence of a rational public in his *infallibility*, and jeopardize the sale of his patent philosophy. He therefore thought it the safest plan to retain both, notwithstanding the awkward situation of that upon the buttock, together with that of the brain. to boot. A safe philosophic conclusion! Should each of these three organs be double, (of which we have no proof,) then Dinah would have six "Combativenesses." May not this account for the great number of vixens, or tarmagant and "strong minded women" of the present day?

Be this as it may, the organ is pretty well located; but had it not been necessary for our athor to use the left hand of Peggy in the place of Adam and Eve's fig leaves, the front aspect of it would have been in view, and "Combative" would doubtless have been written upon the front surface, and thus have occupied a still more appropriate location. Had it been thus situated, our author might have defended the position and *his* discovery against the attacks of all the skeptics in the world.

It will be seen by looking upon the same arm (left) of his other naked female (Dinah), that "Hostility" occupies a part of the same space upon which "Combative" is seen on that of Peggy. Our author thus cuts in twain "Combative," and creates "Hostility" out of its stub end near the elbow. Everything must bend and conform to the immutable laws of a fixed science! This arrangement, however, appears to obtain with the left forearm of Dinah only, as "Combative" on the left forearm of Peggy extends to the elbow. A question arises in the mind of the curious. How did our author know the exact point at which to divide skin, muscles, nerves, and vessels, in order to make two organs out of what appears to be but one, for certainly by the creation of "Hostility" two appear?

Neurology, thou mystery of mysteries! Thou art a science—a progeny fifty years in advance of the true period for thy birth! Fifteen years have elapsed since thy parturient mother brought thee into being, and still the fifty years are not as yet one the number less. Centuries will doubtless roll away and thou still not be overtaken by the march of time, and a sluggish philosophic world. The imputation of error or fallibility does not rest against our great philosopher. These discoveries are brilliant indeed, and not unlike all the great acts and marvelous revelations of their sire.

The wonder now is this: how this "Combative" of the arm (not that of the buttock) escaped the notice of anatomists and physiologists so long, occupying the conspicuous site which it does.

Its discovery is but another evidence of originality of thought, and another laurel to bedeck the brow of inherent greatness.

"ADHESIVENESS."—The neurological organ of "Adhesiveness" appears to be double—at least our author has detected such an organ upon the front aspect of Dinah's right forearm, extending from the fingers upward to the elbow, and others on the back. The former location seems to be highly appropriate, and altogether satisfactory to those acquainted with the predilections of this tenacious and *sticking* organ. Such a selection of territory indicates foresight on the part of our author; it evinces a degree of sagacity not possessed by men of ordinary genius. This fact will more fully appear when we exhibit the functions and mighty workings of this selfish, *grabbing* organ, in the creation of *bogus stock* for selfish purposes in one instance, and in seizing the money of others, and basely appropriating it to its own dishonest purposes in others. It should be remembered that this new organ, or neurological member of man's arm, is not only an organ of good, of friendship, of attachment, sympathy and kindness, to those it loves and esteems, but it is one of evil propensities, tenaciously adhering, in some cases, to that to which it is not entitled. Further examples may be adduced.

We have already stated its location is satisfactory and susceptible of the highest species of proof. Before proceeding to give the proof, I will call the attention of the reader to two other "*Adhesivenesses*" which our author has discovered and located as "squatters," by his self-constituted right of "pre-emption," upon the naked surface of Dinah. The reader will find them upon either side of the spine, just above the waist. These other organs, like the double sets of "Combativeness," were chalked out by our author upon the black board, on paper, or in his mind, and after detecting the *true* neurological "Adhesiveness" in the right hand, it would not do to wantonly abandon *pets* of imagination or fitful fancy,lest it should be imputed by skeptics to imperfection in the science, or a lack of wisdom and infallibility on the part of our author. This would not look like unerring and intuitive wisdom, therefore they must be retained. This is the only reasonable way to account for the occurrence of the self same organs on the hands and forearm, those on the back, and others in the brain. Nothing definite is given as to the metes and bounds of those on the back, nor the circumstances which led to the use of the pen or pencil in their creation. It is the business of some to record their dreams—especially hysterical old maids and monomaniacs—with a view to feast the morbid appetite with stories about ghosts and other vapory delusions. Instances have occurred in which this flighty class of beings—indeed Mr. "Flighty" himself conversed with ghosts and shadows in a loud voice, and recorded with great gravity all the incidents of the interview. Nothing with which we are acquainted will satiate the morbid appetite, or afford nourishment for that class of persons known as Wakemanites, but the most vapory delusions, or highly wrought and imaginative fantasms, the real highfalutin. Such appears to be the natural aliment of that class of beings, and as needful for their subsistence as carrion is to the turkey buzzard. They feast upon it themselves, and as freely apportion it out to kindred spirits. An example is at hand:

A notable individual in this region, formerly of this city, held repeated and protracted oral interviews with the ghosts of John McGruder, Sarah Kelly, and John Rowan, through the foot of Dr. Lane. The same individual informed me he had received intelligence from the spirit of Dr. Morrow, through his favorite medium, the famous Mrs. B.

But by what means did our author detect these organs upon the back? Did he apply his hand to the back of Dinah, and detect through the passing current of nervaura, a different sensation at that point, from that imparted by other neurological organs of that territory, as those of "Vitality," "Hate," "Amativeness," "Crime," "Selfishness," "Combativeness," "Destructiveness," "Acquisitiveness," "Irritability," "Sleep," "Coldness," "Cautiousness," "Restraint," "Health," &c., all of which are said to inhabit the same neighborhood? Or did our anthropologist locate "Adhesiveness" of the back upon that spot because he had not previously chanced to write some other name upon that unoccupied space on the surface of Dinah?

In order to have inspired full confidence in the existence of these neurological organs, our author ought to have given their length, breadth, depth, and the kind of experiments or manipulations by which he was so fortunate as to make the discovery, and to prove beyond doubt its accuracy. This, however, as in every other instance, he has failed to do. He ought to have informed the reader whether they are superficial or deep-seated, and whether a nicety or precision in boundary is important; for if unimportant, if the location is a mere haphazard, guess work, or for the author's convenience only, then it is manifest the whole system is unreliable and undefinable; that no degree of exactness or precision attaches, and if left in this foggy and bewildered condition confused by the blunders and palpable contradictions of the author, then it is necessarily a mere mass of confusing and unmeaning jargon; and the term fixed, definite, established, or even rational science, as applied to these imaginary organs, is a misnomer.

Is it probable that organs of "Adhesiveness" exist both on the back and arms, as well as in the brain? Our neurologist will have no difficulty in adducing proof of the existence of such an organ on Dinah's forearm, but that such a one can be detected on the back is open to many doubts. Our author says they exist in the three different or remote localities, and who dare question the accuracy of his scientific assertions?

The author has left proof for the reader of the "Adhesiveness" of the right forearm. This he did in his *notorious* lecture before the "Young Men's Mercantile Library Association," in the example of the young man who threw his "Adhesiveness" around the waist of the young lady, and pressed her to his throbbing heart. This was demonstrative evidence of its existence, and of the accuracy of its location. The lecture was a highly *intellectual* treat for twelve hundred intelligent citizens. It will suffice as a remembrancer to those who heard it, owing to the elevated theme and the author's unequaled and lofty display of *intellectuality*. It was received with appropriate consideration.

Further evidence of the existence of such a neurological organ of the arm, was afforded in the acts of Gardner and Swartwout, and others, in *adhering* to the funds of others. Schuyler, and his *brethren* in the West, in the creation of "bogus stock" to wrong honest men, have given full proof of the existence and tenacious character of this coveteous neurological organ. It has in many instances displayed the most relentless species of immorality and selfishness, in seizing and appropriating the avails of others to its own use. It seems to be a very active and a very selfish organ, disregarding good morals, common honesty, and the great maxim of "do unto others as ye would that they should do unto you." In some instances it has been used as an instrument of individual wrong. In one case it was called into active requisition by a set of conspirators (each being supplied with it), to swindle and defraud a corporate body, by the issue of false and baseless stock — they subsequently solemnly swearing it was genuine. When an active, destroying, or selfish implement, let all avoid it. It seems to be a neurological organ never disposed to perform good or benevolent offices, except when an opportunity presents to do so at the expense of others. Whether the "Adhesiveness" of the back and that of the head are equally disreputable organs in the "Neurological System," does not appear from the text.

"Coarseness."—In connection with the consideration of the preceding particular neurological organ, the writer will proceed to notice another; it is "*Coarseness*."

There appears to be two of these organs, one upon the front lateral aspect of either arm. The text reads as follows:

> "The region of Muscular Labor on the outside of the thigh corresponds to that of *Coarseness* upon the exterior of the arm."

What does our author mean by "*Coarseness?*" Does he mean coarseness of manners, address, behavior, &c.? or does he mean lack of beauty, uncomely, homely, plain, inelegant, rough, forbidding, repulsive, unhandsome? or does he refer to the course or clumsy structure of the part? Does he mean the texture, coarse fibre or shreds of its muscular composition? What is it that excites the idea of coarseness in the mind of our refined and super-sensitive anthropologist? Does the nervaura imparted to the hand of the neurologist, as it passes over this portion of the arm, produce a feeling of repugnance, asperity, or crude, coarse and vulgar ideas? Does it perform crude and coarse acts, or awaken a disposition of that kind in the breast of our sensitive author? Are its offices menial, dirty or coarse? or what is it that can excite an idea of coarseness as connected with that part of Peggy's arms? Is it coarse in itself, unsightly, or revolting to the eye of our neurologist? Is it less comely for him to look upon than the naked forearm, thigh, leg or foot of Peggy? Are not the proportions of the arm, its symmetry and polished surface, quite as beautiful and agreeable to the eye, as any particular limb of the body, except it be to a full-fledged sarcognomist? Then what is it that inspires such disgust, in our neurologist, in the upper part of these limbs? His feelings are certainly not excited without a cause; he has seen, felt, tasted or smelled something about the arm that he abhors, or he would not have bestowed the foul name of "*Coarseness*" upon a strip of skin and muscles fifteen or twenty inches in length, stretched along the front surface of the os humeri from the shoulder to the elbow. What is there that is crude or vulgar, base or coarse about it? Has not the name arisen from feelings of spleen or disgust awakened in the mind of our author by some untoward act on the part of the arm of Peggy? Perchance while our neurologist was making his careful, minute philosophic experiments upon her arm, or that of some other subject, a *mishap*, or some grossly indiscreet act transpired! He certainly would not have nicknamed this delicate and beautiful part of God's handiwork "*Coarseness*," had not something of the kind arisen to impress upon the mind of our unerring author the extreme fitness of the name.

But is the nervaura of this strip of muscle fetid, rancid, strong, acrid; offensive, or loathsome, that he should have appended a name indicative of contempt to this beautiful neurological organ? Is there a more delicate, refined and elegant member of the human body than the arm? Our author will and must answer affirmatively; he declares it corresponds with the neurological organ of "Muscular Labor," which he has located on the front of Peggy's thigh. The names clearly show that he regards the latter a much more beautiful and interesting organ than the former.

Reader, ask yourself in all seriousness what the author means by this organ. Of what is it significant? To what is it applicable? Has it a meaning—a rational common sense meaning, or application to any organ or structure of man's body, whether physical, physiological or neurological? It is demanded that the parent of this *patent science* show the adaptation of the term "Coarseness," or its appropriateness to anything connected with that portion of the arm between the elbow and shoulder, or, indeed, with any part of the human form. Can our author, or the young Sarcognomist, give a reasonable common sense explanation as to the reason or cause why he introduced and applied this term to the arm, rather than to any other extreme part, or even to the internal structures of the body? Are the angles, protuberances, and asperities of any limb, any joint, or any part of the body less apparent than on the arm, that it or *a mere strip of it should be known by the false, silly, and senseless cognomen of "Coarseness."* Again I ask, in what does the propriety of the name consist? If words as used by ordinary men and mortals, are descriptive of ideas, of what significance is the term "Coarseness," as used by the immaculate and immortal author, the man of so many "brilliant discoveries," and the one without an equal in the nineteenth century?

"Coarseness," as used by the parent of all these brilliant scientific achievements, either means something or nothing, and in which sense are we to interpret it? It is certainly no easy matter for ordinary minds to determine this question. Profs. Agassiz, Henry and Sanders, when the entire subject was laid bare before them by the author of Anthropology, with a view to their approval, discovered but one thing, and that was, that its humbuggery was too transparent to even make a shadow—the light of truth and science passed through it as the rays of the sun pass through the ethereal vapor surrounding the earth.

What are the effects, the functions, offices, and influences which "Coarseness" impresses upon the human organization? Does it exert any? Does it modify the organization of man in any way, or does it consist alone in the name, all else connected with it being but another of our author's ideal vagaries, or dreamy visions?

In conclusion, reader, it is my duty to inform you that these doctrines are Buchanan Eclecticism. They are the doctrines so zealously inculcated by him in the Eclectic Medical Institute for ten years. Do they contain practical truths? Is the medical student who is fully indoctrinated in them a reliable or competent medical man? Is that species of Eclecticism such as will sustain the physician when contending with that stern enemy, disease? If possessed of either truth or practical utility, I call upon its author to stand by and defend the waning *science*. Let him come forward and remove the absurdities and positive contradictions—prove its reality if possessed of any—its truth, its utility—if he can.

Should the sire from mock dignity, or inability, fail to afford his offspring the necessary protection in the hour of peril, then I call upon his disciples—his converts—his proselytes—the young—the brave—the unterrified Anthropologists, Neurologists, Sarcognomists, and Physiologists—one and all, to unite in its defence,—I ask those who have sat for hours, (perhaps for days or months) under the droppings of this patent Eclecticism (falsely called science), holding old letters upon their heads, written by those who had been in their graves a hundred years or more, thus pretending to catch the nervaura of the dead man, which escaped from him, mingled with the ink, and thus became impressed upon the musty, filthy sheet centuries before,—or let those who held little papers or vials in their hands containing a few grains of medicine, in order to catch its effects, and consummate something grand and important for the cause of science and the medical profession, defend it. To all such I say, come to the rescue; your adopted creed—the cherished doctrines of your neurological parent, and those which you love, are in danger—hasten to their rescue—prove their truth, their scientific basis, their practical utility and reliability, either as auxiliary or principal appliances in the cure of disease,—prove that they have the slightest claim to our notice as scientific truths, or else boldly and manfully denounce the fallacy. As honest men you must do one or the other,—middle ground is untenable,—if a reformer indeed, and for true practical medicine, there is but one course which you can consistently pursue. Say to all as Dr. Morrow said to Dr. David A. Austin, after patiently investigating and witnessing the tendency of Dr. Buchanan's doctrines, when asked his views as to the propriety, utility, and truth of Dr. B's private lectures, they are unworthy of your notice—"*their study is a useless waste of time.*"

Part 2-Progress of Medical Science

THE VIENNA HOSPITALS.

Letter from Henry K. Oliver, Jr. M.D. of Boston.

[Continued from page 501.]

One of the most interesting and valuable divisions of the hospital is the midwifery department. You may judge of the material when I tell you that between 8,000 and 9,000 children are born in this department yearly. Of these births about one third are devoted to the education of midwives, and the rest to the instruction of students, or rather, of doctors in medicine, for they must have received their degree before obtaining entrance to this department. About thirty are allowed to take advantage of this clinic at one time; some go off the list each week, and are replaced by others, according to the order in which they have applied for admission. These thirty are allowed to be present at the visit of the Professor at 9½ oclock, and examine all those women who are in labor, as well as those who have applied during the morning for admission, which, as I have said, may take place after the seventh month of pregnancy. They are also allowed to be present at any operation which may take place, and a large room, with plenty of beds and comfortably furnished, is at their disposal, where they may remain night and day, and from which they are summoned when any case of interest occurs. From these thirty, again, two or three are selected each day, whose duty it is to remain in the delivery-room from the end of the morning visit, viz., 11 o'clock, to the end of the visit of the following day. They record the names of all the women who apply for admission, and state whether they come with or without pains, &c. They register all the births which take place, and state the circumstances attending each, whether at the full time of pregnancy, the hour of commencement of the pains, time of bursting of the membranes, of the birth of the child, and of the removal of the placenta; adding also remarks, whether the birth was natural, or assisted by instruments, &c. There are, moreover, women to be registered who give birth to children outside of the hospital, and enter immediately after, for the sake of the care during convalescence. This is all but the work of a few moments in each case, and during the remainder of the twenty-four hours, the *journalists* (so the students on duty for the day are called) are exercising themselves in the examination of women in labor, and in delivering them. All women who have pains on admission, and all those previously admitted, as soon as labor commences, are sent to the delivery-room, when the journalists examine them, and then compare notes on the position of the child, condition of the *os uteri*, the stage of labor, &c.; and this they continue to do, from time to time, till the labor is ended. At the bursting of the membranes, a midwife, appointed to this duty for the day, charges one of her companions (six other midwives are always at hand, either in the delivery-room itself, or in their apartment close by) with the care of the patient. The journalists are allowed, however, to deliver and superintend the whole case, except in first births, where danger of a rupture of the perineum is imminent. In case the journalist delivers, the midwife stands by and gives him instruction in supporting the perineum, in the removal of the placenta, &c. If he chooses, there is no objection to his washing and dressing the baby. I should have remarked, before this, that every woman who enters this department brings with her the clothes, etc., for her child, not often forgetting even a little square piece of linen, used here to wrap up that portion of the cord which remains attached to the child. All cases requiring particular skill in delivery, and all operations, are performed by those of the journalists who have taken the assistant physician Dr. Braum's operating course; or, in very difficult cases, by Prof. Braum himself. At 4 o'clock P. M., the assistant makes his evening visit, and the journalists are required to examine all women who are in labor, and all women who have applied for admission during the day, and state the result. This the assistant, after an examination himself, either verifies or corrects, according as the diagnosis is right or wrong. In the course of the evening, the women delivered during the day are carried on a litter to an adjoining ward to make room for those who may arrive during the night. Another similar removal takes place early in the morning. At 9 o'clock, A. M., Prof. Braum makes the clinical visit. He first questions the journalists on the character of the births for the last twenty-four hours: if physiological or pathological; if the latter, of what description. Such criticisms and remarks as the cases may authorize, he makes, often branching off on more general subjects. The journalists are then made to examine again such women as are in the delivery-room, and state their diagnosis, and after them, all the other students examine in turn. A visit to the ward containing the women delivered the previous night and day, and also a visit to such of the women in the other wards whose cases are not going on favorably, completes the clinic of the day, and the three journalists give up their places to others, who are on duty the next twenty-four hours.

You will thus see what an opportunity is offered for becoming expert, both in the diagnosis of pregnancy, in its different stages, and in delivery. Each student is sure of examining, both externally and *per vaginam*, from six to ten women daily, according to the number in the delivery-room at the time of the visit. Besides this, during the course, which lasts two months, but which may at the end of this time be renewed, he has from three to six *journals*, in each of which he sees and assists at from ten to twenty-four births, of which number some are likely to present deviations from natural labor. During my course, for instance, I was present at about two hundred births, and at my *journals*, delivered, myself, some forty or more women, several of whom were kind enough to offer abnormal presentations. I have seen plenty of forceps operations, one perforation, and one Cæsarian section, *in viva*, on account of malformation of the pelvis in the highest degree. The child was extracted alive, but the woman, who had had two attacks of convulsions before the operation commenced, was subjected to nineteen other attacks after the operation, and died within twenty-four hours, without having lost more blood than in a natural delivery, and before peritonitis had set in.

I forgot to mention a romantic part of the story connected with the women who give birth at the Hospital, and that is, that they are all unmarried. Married women and widows who apply (the number of the latter is not inconsiderable) are sent to another hospital. These women are not, however, prostitutes; they are for the most part in service, and cannot afford to marry and set up an establishment. They resort to the hospital, both because they have no place of their own where they can be confined, and also that their children may be provided for; as in case they are delivered at the hospital, their children are sent to the foundling-house, and at a later period put to a trade or made soldiers of. Every woman who cannot pay for her stay at the hospital, is obliged to serve in the foundling-house, as nurse to a number of children, for a certain length of time.

The operative midwifery course of the assistant physician, Dr. Braum, is an exceedingly practical one. The hospital furnishes the body of a female, Dr. B. a manikin, and the numerous deaths at the foundling-house five or six children daily. Those who take the course perform, to their heart's content, delivery by forceps, decapitation, perforation, turning, &c., under the instruction of Dr. B. They are also instructed in the management of all abnormal presentations. While one student is operating, the rest are exercising themselves in *touching* on the manikin, in which Dr. B. places a child in some position, while the students' backs are turned. One of their number is stationed by the side of the manikin, with watch in hand, and so much time given to each to discover the presentation. After all have examined, Dr. B. asks each separately his diagnosis of the presentation, where the sounds of the heart would be heard, &c. He tells no one whether he is right or wrong, but after all have answered, he uncovers the manikin, and the position of the child is shown. The students who take Dr. B.'s course are those who are afterward permitted to perform operations in the delivery-room.

I will now speak of the pathologico-chemical course of Dr. Heller, and at some length, since, whatever may be thought of his tendency to exaggerate in his speciality, he has certainly greatly simplified the examination of animal fluids, and without doubt added to our means of diagnosis of diseases. Of the application of uroscopy to diagnosis, I shall speak later; I wish first to mention Dr. H.'s method of examining the urine, and you will see how little apparatus and how few re-agents are necessary to analyze everything which can interest the physician. You will see, also, that one must accustom himself thoroughly to the appearance of the ingredients of normal urine, when precipitated by re-agents, to be able to judge when any ingredient is increased or diminished. That such an analysis is but approximative is clear, but it is at the same time all that is required by the physician. It is evident that the latter must give up the examination of the urine altogether, unless some means are given him of accomplishing this without having recourse to a precise quantitative analysis with the scales.

In the examination, Dr. Heller recommends regard to be paid to the following points. 1st. The urine should be fresh, concentrated (that passed in the morning is the best), and of one excretion, and not a *melange* of all that is passed during the twenty-four hours, or even during the night. On this latter condition, Dr. H. lays great stress. 2d. The quantity of fluid taken by the patient, and whether he has freely perspired or not, since both these circumstances affect the concentration of the urine. 3d. The treatment; whether medical substances may have been given, which pass out by the kidneys, or which may affect the quantity of certain elements of the urine. In the analysis, the color, smell, re-action with litmus, specific gravity, and whether the excretion be with or without sediment, are first noted, and then turning about two ounces of the urine into a bell-shaped glass holding about four ounces, a small quantity of concentrated nitric acid is allowed to flow along its side; the glass being inclined, to allow the acid to flow to the bottom. This is the test for albumen, and is exceedingly sensitive, if regard be paid to the manner of introducing the acid. If albumen be present, a whitish layer is formed in the center of the fluid, whose edge above and below is quite sharply defined. If urates, but not albumen, are present, a layer is formed also in the center of the fluid, but its color is less white; and while the lower edge is pretty sharply defined, the upper is wanting—that is, the urates become less and less dense as they approach the top of the fluid. When both albumen and urates are present, the former constitutes the lower layer and the latter the upper, while a thin layer of clear acid lies between. The glass, which has heretofore been held with the least possible motion, is then shaken, and a drop of a solution of nitrate of silver allowed to fall on the surface of the liquid. This is the test for the chlorides (potash and soda; the urine being already acidulated by the nitric acid, the precipitation of phosphate of silver is prevented). If the precipitate formed by the addition of the nitrate of silver falls in a distinct, compact mass to the bottom of the glass, the chlorides are present in normal quantity. They may also be increased, but this has no particular value. If, however, instead of this appearance, the urine becomes filled with little flakes of the precipitate, the chlorides are diminished; and still more so, if the urine assumes a milky appearance. The examination being thus far completed, if there is no suspicion of the presence of sugar, Dr. H. is enabled to judge of the quantity of urea and uric acid, for the relative quantity of which, in ordinary cases, he makes use of no particular test. For instance, supposing that in urine of a low specific gravity—say 1008—the chlorides being normal (showing that we are not dealing with *urina potus*), and that albumen is present in considerable quantity, the inference is that the urea and uric acids are diminished, since these, and the chlorides, of the normal ingredients of the urine, influence its specific gravity the most. Or, again, supposing the urine has a normal specific gravity, 1021, no albumen, no sugar, and chlorides diminished, the inference is that the urea and uric acids are increased. I may add here, that the absence of albumen in the urine would imply the absence of both blood and pus.

Dr. H. continues by examining the coloring matters of the urine. Urophœin is tested by adding a small quantity of urine to a larger quantity, say two ounces, of pure sulphuric acid. If urophœin be present in normal quantity, the mixture becomes crimson—of a shade similar to that of a like quantity of currant-jelly. Uroxanthin is recognized by adding the urine, drop by drop, to muriatic acid, contained in a glass. If the violet color does not shortly appear, a few drops of nitric acid may be added. To be able to judge of the increase or decrease of both these coloring matters, one must of course be acquainted with the appearance of normal urine when treated with the same re-agents. A decrease, however, of uroxanthin is of no practical value.

The salts of the urine are next sought after. Of the chlorides I have already spoken. The earthy phosphates (lime and magnesia) are precipitated by ammonia. These must be removed by filtering, and the filtrate tested for the alkaline phosphates (potash and soda). For this purpose, a mixture of equal parts of sulphate of magnesia and muriatic acid, made alkaline with ammonia, is employed. The sulphates (of soda and potash) are precipitated by chloride of barium, to which has been added a little muriatic acid, in order to prevent the falling of the phosphate of barium. Dr. H. also makes mention of what he calls bone-earth, consisting of basic phosphate of lime, with a little phosphate of ammonia and magnesia and a little carbonate of lime. These are precipitated by the application of heat, and are distinguished from albumen by the addition of acetic acid, which dissolves them, while albumen is not affected.

Of the abnormal matters occurring, I have already mentioned albumen. Biliphœin, the coloring matter of the bile, is recognized by the change of color, (to blue, violet and red) under oxidation with sulphuric acid. Bilin, the cause of the bitter taste of the bile, gives, on addition of a solution of sugar, and afterward of sulphric acid, a deep crimson color. The acid should be added drop by drop, and the test-tube held in coid water, otherwise the action of the acid on the sugar would conceal this crimson color. An abnormal coloring-matter, which Dr. H. calls uroerytrin, and which is, according to him, the cause of the rose color of the lateritious sediment, is shown, when present, by a solution of acetate of lead. The precipitate which occurs is colored rose-buff by the said coloring matter.

As I am speaking chiefly of what appears to me to be original with Heller, I pass over many things, such as the test for sugar, the determination of the character of the urinary sediments, &c. In regard to pus, however, I will merely mention a test with potash, which Dr. H. employs. With this re-agent, urine containing pus becomes jelly-like in consistence; this is still more apparent if the urine thus treated be poured from glass to glass.

I pass now to the consideration of these changes as signs of disease. Urophœin—which I ought to have said is, according to Heller, the cause of the color, smell, and acidity of normal urine—is increased in acute inflammatory diseases, especially those of the thoracic organs. The greatest increase, however, is found in acute and chronic affections of the liver. The same substance is, diminished in nervous diseases; in anæmia, &c. Uroxanthin is increased in nervous diseases, and onanism. Decrease of no value practically. Urea and uric acid are increased in acute inflammatory diseases, especially in meningitis. In typhus, increased only at the commencement of the disease. Most constant decrease in diseases of the kidneys. Chlorides—increase of no value. Decreased in all acute exudative processes, pleurisy, &c. Greatest decrease in cholera. Sulphates, alkaline phosphates—increased in acute inflammatory processes, especially in meningitis; increase in typhus but small. Decrease in nervous diseases.

Earthy phosphates have the greatest increase in acute and chronic rheumatism. Decrease of these salts in diseases of the kidney and of the spine. Of the abnormal matters, sugar appears not only in *diabetes mellitus*, but also in encephalitis, and in lacteal congestion in women. Albumen exists not only in Bright's disease, but also during pregnancy and in many acute diseases. Blood and pus in alkaline urine indicates cystitis. Bone-earth occurs in menengitis, chronic rheumatism, and caries. Carbonate, sulphate and urate of ammonia occur in absorption of exudations (in pneumonia, &c.); uro-erythin in disease of the liver, rheumatism, intermittents, &c. Bilephœin, of course, implies disturbance of the function of the liver or obstruction of the ductus choledochus. In the sediments, carbonate of soda and lime occur in chronic diseases of the brain; oxalate of lime in rheumatism and gout.

Let us now suppose a few cases in which the alterations in the urine may aid our diagnosis and prognosis. Where, for instance, the diagnosis between meningitis and typhus is doubtful, regard may be had to the sulphates and alkaline phosphates; as these salts are considerably increased in meningitis, and in typhus remain normal or are but slightly increased. In rheumatism, there is an increase of the earthy phosphates; if, however, pericarditis sets in, these salts, as also the chlorides, diminish rapidly. In cystitis, we are warned of the approach of pyelitis by the decrease of the urea; as in all affections of the kidneys this substance is not eliminated from the blood. In case there is a sediment of urate of ammonia, and this suddenly fails to appear, while the cystitis continues without abatement, we may suspect affection of the kidneys. In a case of ascites, with an increase of urophœin, we may suspect the liver to be the cause of the trouble; absence of inflammatory processes, in which there is also an increase of urophœin, is proved by want of increase of sulphates and alkaline phosphates. In all acute inflammatory diseases, the return of the chlorides should be watched daily; if they return, convalescence may be relied upon. The appearance of cystin in the urine implies, according to Dr. H., a stone of the same substance in the bladder. (I find that Robin makes the same assertion.)

From what I have said, you may perhaps have obtained some idea of Heller's views of the pathology of the urine. It remains to be decided by time, whether all that he claims for this part of medical investigation be true. It is, meanwhile, a subject of congratulation that the examination of the urine is, by its simplicity, put into the hands of every physician.

Prof. Oppolzer invariably makes use of Heller's method, and has great faith in many points asserted by the latter as means of diagnosis and prognosis. Whether the inferences from the changes in the urine verified here, will also be found good with us and in England, is another point to be decided; this is admitted by Heller himself. It is certain that some substances occur much more frequently in the urine in England and in the United States than here; for instance, oxalate of lime and urate of soda.

Besides the urine, Dr. Heller treats also of the fæces, the sputa, and of vomitus. But I have already spent much time on his course, which, however, is one of the most interesting of the private courses given in Vienna.

I suppose a description of the surgical department would interest you particularly; but I am really not in a condition to tell you much about it, as my studies have been for the most part in the medical wards, and I have visited the wards of Profs. Schuh and Dummreicher only a few times. The material is, however rich, and the surgery good; although Berlin with its Langenbeck is, in this department, superior.

There is an organization in Austria for the education of young surgeons, which I will make mention of. Every year there are chosen at each of the Universities, one or two students, who are sent, at the expense of government, to Prague and to Vienna (about 12 to the former city, and 24 to the latter), and who are to pay particular attention to operative surgery. They remain in this capacity two years, during which time they are allowed to assist at all operations, and also to perform all but the most delicate. At the end of the time mentioned, they are sent to different parts of the empire to settle, and these places are selected for them by the government. It results from this, that all parts of Austria, country as well as city, are furnished with surgeons already experienced in their art. The other students who attend the surgical wards are meanwhile not shut out from enjoying their advantages, since they are allowed to perform such minor operations as may be presented among the out-patients, and have also the care of patients in the wards as in the medical department.

Prof. Rokitansky still occupies the chair of Pathological Anatomy here; but his lectures are deprived of much of their interest from the fact that he speaks exceedingly low and indistinctly, so that only those students who are immediately by his side, have any idea of what he is saying. His lectures are therefore but poorly attended, the students choosing, instead, the private course of his assistant, Dr. Klob. Prof. R.'s duties, as Dean of the Faculty, interfere, I suspect, somewhat with his duties as Professor. The state of his health may also prevent his taking as much interest in his lectures as formerly. He said one day to a student, who had come to him to obtain a ticket to his course, "What, you are not going to be so foolish as to attend my lectures, are you?"

The course given by Dr. Klob is exceedingly rich in material, and Dr. K. gives his explanations with much clearness of style. About four or five *post mortem* examinations take place daily in the hospital, and the demonstration of the specimens derived from these constitutes the principal part of the course. A body is, however, furnished daily by Dr. K., of which the students themselves make, in turn, the examination, pointing out the various morbid appearances as they proceed. At other times, a part of the hour is spent in the Museum of Pathological Anatomy, the specimens in which were for the most part collected by Rokitansky himself, and which are numerous and many of them rare. In Dr. Klob's course alone, however, one is sure, not only to become acquainted with all those morbid appearances which he is likely to meet with in the future, but also to see many comparatively rare specimens. For instance, I remember seeing, in the course I took, a lipoma, situated in the inner wall of the heart; acute atrophy of the liver; carcinoma of the supra-renal capsules; echinococcus of the lung; large, solitary (perforating) ulcer at the cardiac orifice of the stomach; sudden insufficiency of the aortic valves through bursting of one of their number *in its center;* a membranous state of a portion of the wall separating the ventricles of the heart, causing an aneurismal bulging into the right ventricle, &c., &c.

Although I have necessarily given but a mere sketch of the General Hospital, and the different courses which take place in it, I think I must by this time have taxed your patience quite enough, and I close my letter here. No student, provided he has a knowledge of the German language, ought to hesitate a moment between Paris and Vienna as a place of study. Besides the courses I have mentioned, there are private courses on every subject given by *chefs de clinique* and by the assistant physicians, and which last each two weeks or more longer than at Paris, at but little more than half the price paid there. The Professors and others are also very attentive to foreigners, making life much pleasanter than at Paris. We are allowed, for instance, free access to the rooms of the Medical Society, where there is a fine reading-room, with the medical journals from all parts of the world, and also to its meetings, which take place once, sometimes twice a week. This Society has not, as with us, a permanent president, but has instead a president for each of the departments in medicine. Rokitansky is president of one department, Oppolzer of another, Skoda of another, &c. The meetings do not last over an hour and a half, and the members afterward betake themselves to a private room in a hotel, where beer drinking and jokes are the order of the day. Any member who then broaches a scientific subject, of any kind whatever, is subject to a fine. It will surprise you, perhaps, from the description I have given of Skoda, to learn that of this jollification meeting he is president. Your ob't serv't,

HENRY K. OLIVER, JR.

—*Bos. Med. Jour.*

MILFOIL AS AN EMMENAGOGUE.

The popular use of the infusion of milfoil in suppression of the menses, suggested to Dr. Ronzier-Joly, of Clermont, the idea of experimenting with them in his practice. The results which he has obtained in a great number of patients, to whom he has exhibited it during the last two years, to the exclusion of all other medication, establish in an evident manner its emmenagogue properties. A strong infusion was given in the morning before breakfast, and repeated three or four days in succession pro re nata. When the suppression was produced by a transient cause, by cold, or by a moral emotion, for example, M. Ronzier-Joly, has witnessed the menstrual flux reappear under the influence of this remedy, and sometimes even a half hour only after the administration of the first dose. A condition which it is important to observe in order that the effects of the milfoil may be the most favorable, is to wait until the regular period of the appearance of the menses has nearly passed away, or that the signs announce a fluxionary tendency toward the uterus. The infusion of milfoil continued for several days, when the menses have not appeared, has produced no bad effect upon the health, nor has it caused any unpleasant symptom in those women to whom it has been given when they were in the first period of a nonsuspected pregnancy.

A few observations, cited by the author, tend to prove that milfoil is not only efficacious in suppression, from accidental causes, but that it can also be employed: 1st. For favoring the flow of the menses when they are in insufficient quantity. 2. To induce their appearance when they have ceased to appear under the influence of a diathesis, of a fluxionary state toward the superior part, or from a poverty of the blood; 3, and finally, for causing the suddenly checked lochia to reappear. The same medicament does not seem to have had any effect upon those young girls in whom menstruation establishes itself with difficulty, and presents irregularities in its first manifestations.—*Revue de Therapeutique.*

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Bichat.—At a meeting held in the School of Medicine of Paris, on the 16th of July, a statue of Bichat was inaugurated.

GINTRAC ON INTERNAL PATHOLOGY AND MEDICAL THERAPEUTICS.

The three volumes before us are the commencement of a system of scientific and practical medicine, which, if completed with the same ability as is evinced in the preparation of these, cannot fail to rank among the most erudite, comprehensive and valuable that have heretofore appeared. It will form, in fact, a comprehensive system of general as well as special pathology and therapeutics.

The work opens with a series of instructive preliminary remarks on the nature of medicine; its origin, first as an empirical art, and subsequently as a science based upon determinate principles; with a general consideration of the bases on which it rests, the obstacles that impede, and those which have favored its progress. Embracing under the latter head a rapid sketch of those who, by their labors, whether as observers or investigators of disease, its nature, causes, phonomena, and treatment, as collectors and systematic compilers of facts contributed by others, or as writers and teachers, have exercised a powerful and permanent influence in promoting the onward march of medical science and practice; of the various institutions—schools, hospitals, clinics, scientific associations, periodical publications, and museums of pathological specimens, that have been productive of a like result; and, finally, of the aids afforded in the improvement of the healing art by the progress of the accessary sciences, anatomy, physiology, natural history, comparative pathology, chemistry, physics, astronomy, and general philosophy.

This division of the introductory portion of the work terminates with a consideration of the degree of certainty, utility, and dignity to which medicine, as a science and an art, may rightfully lay claim.

The succeeding division is devoted to a sketch of *bionomia*, or a brief summary of the phenomena and laws of the organism of man in health, as an introduction to the study of human pathology.

The generalities of pathology are then considered, comprising a general idea of disease, its definition, causes, symptoms, progress, varieties, complications, terminations, seat, nature, semeiology, diagnosis and prognosis, including a general notice of pathological anatomy, chemistry, micropy, and physiology.

The first volume concludes with a consideration of the generalities of therapeutics, under the heads of, 1. The different methods—the expectant and active, the natural and perturbative, the rational and empirical, the synthetic and analytic, the etiological and symptomatic. 2. The therapeutic indications and agents. 3. Plans of medication: 1, the direct, excitant, general, special; 2, the direct, sedative, general, special; 3, indirect medication, excitant and sedative; 4, specific medication.

The second volume commences with the study of diseases in general. These M. Gintrac arranges in three grand divisions. In the first, he includes congenital lesions, monstrosities. In the second, the lesions produced by mechanical, chemical, or poisonous agents; and in the third, vital and organic lesions.

The consideration of the lesions included in each division is followed by a general sketch of their respective therapeutic management.

The lesions of the third division are treated of under two heads—1. Elementary affections or morbid conditions: *a*, Principally dependent on the abnormal mode of action of the solids; *b*, Consisting in alterations of the fluids, and especially of the blood; *c*. Resulting from a general alteration of the solids and fluids—*diatheses*—with their general treatment. 2. Determinate diseases, divided into seven classes—1, Congestions; 2, Inflammations; 3, Hemorrhages; 4, Fluxes, and alterations of the secretions; 5, Organic lesions; 6, Neuroses; 7, Fevers.

"This arrangement," M. Gintrac remarks, "has been purposely adopted. I have desired to place in the first rank the local diseases, which may be regarded as simple and primitive, and terminate with those which are more general, and very often consecutive to the others. I have had a further motive in placing fevers in the last rank. In the consideration of this class of diseases, I have been obliged to enter into descriptions and observations which in some measure appertain to the domain of special pathology. The transition from general anatomy to the latter, will thus be rendered more natural."

The 5th class, that of organic lesions, is divided into *four* orders: 1. Lesions which consist in a notable change in some one of the physical properties of an organ, without modification of structure. 2 Lesions which consist in a change of structure from the occurrence of abnormal interstitial formations. 3. Lesions produced by the formation of independent organisms—*entozoa*, *helminthia*. 4. Lesions resulting from a local extinction of life—*gangrene*.

The class of fevers is not completed in the third volume.

The last portion of the present treatise, which M. Gintrac informs us will be the most considerable, and the most essentially clinical, will embrace the special lesions—in other words, those of the external sensitive apparatus, of the encephalic and nervous, of the locomotive, of the vocal and respiratory, of the circulatory, of the digestive, of the secretory, and of the genital apparatus.

The plan laid down by M. Gintrac is a most extended and comprehensive one, and arranged in a manner that strikes us as most skillful and rational, facilitating the acquisition of the principles and practice of medicine by gradually descending from the general to the special, from the simple to the complex. We trust that the author may be spared to complete the entire plan of his treatise in the same spirit in which it has so far been carried out. That he is fully competent for the satisfactory fulfillment of the important task he has assumed, the volumes before us bear ample testimony. Deeply versed in the literature of his profession, and, consequently, familiar with the vast fund of medical knowledge accumulated and perfected by the successive labors of the industrious and talented physicians of almost every clime and age, and prepared, by ample clinical experience, and habits of close and cautious observation, acquired under the most favorable circumstances, to apply this knowledge to the successful preparation of a course of scientific and practical pathology and therapeutics, we have no fear that the succeeding volumes of the present treatise will not equal those we have had an opportunity to examine.

In all his teachings M. Gintrac is clear, definite and concise; entering, at the same time, sufficiently into details to present a fair and full exposition of the present state of medical knowledge in relation to every subject of which he treats, and to impart precise and accurate ideas of every point of importance in his exposition of disease and its management. He is evidently more desirous of presenting well established facts and principles than of dealing in subtile discussions, or of acquiring for himself the doubtful praise of originality in his theoretical or practical views. Upon mere hypothetical questions, or those of doubtful profit, he never dwells, but coming direct to what he believes to be legitimate doctrines, established upon well observed and carefully digested facts, whether in the domain of pathology or therapeutics, his teachings have a character of simplicity, combined with force and truthfulness, that render them particularly adapted for the profitable instruction of the advanced student of medicine, as well as attractive to the practitioner who is desirous, on any particular point, to test or compare the result of his own observations with that of preceding and contemporary authorities in the profession.

The prelections of M. Gintrac are, moreover, all of a positive character. Even on questions as yet unsettled, or in relation to which different or even opposite opinions are entertained by eminent members of the profession, each claiming to be sustained by positive facts and direct observation, the difficulties in the one case and the discordant views in the other, are so clearly and concisely presented by him as to enable the reader to form a correct conception of the first, and assist him in judging of the amount of probability in favor of the correctness of one or other of the latter.

We do not pretend to say that the work of M. Gintrac is without fault. We should not, certainly, feel inclined to indorse all the views advanced in it in relation to pathology, nor every direction given by the author for the treatment of disease. We should be, nevertheless, willing to give to it our unqualified recommendation as a full and well arranged system of the principles and practice of medicine—presenting a very fair exposition of generally received doctrines, recognized facts, and established plans of treatment.

We may remark that M. Gintrac is among the few continental writers who are willing to give credit to the physicians of this country for the contributions they have made to medical science and practice.

That our readers may be enabled to form some idea of the manner in which M. Gintrac handles the several subjects included within the scope of the present course of pathology and therapeutics, we translate the following sections from the part devoted to the consideration of fevers. We have selected these, not because of the particular excellence of the views set forth in them, but because they refer to an important question, upon which medical writers of the greatest eminence have widely differed; namely, that general idea of fever, which shall at once convey a clear conception of the disease in its true pathological acceptation, distinguishing it from all other affections with which it may be associated or complicated. To the selection of these sections we were prompted also by the difficulty of finding any others sufficiently short for our purpose, and in which the subject treated of is presented with the same degree of completeness.

The first selection is from the section devoted to a consideration of the general idea of fever.

"Increased heat was, with the ancients, the principle sign—the essential character of fever. There are, however, fevers in the course of which the temperature of the body, far from being increased beyond the normal standard, does not reach it, or even remains far below it. Such is the case in the fevers denominated *algid*. In the first stage of intermittent fever also, there is a sensation of cold. Often the temperature is so little changed that scarcely can the hand of the physician discover any difference. In order, therefore, to form an exact idea of fever, it is necessary to have recourse to some other characteristic.

"According to Stahl, fever, considered abstractedly, consists in a modification of the course of the blood, especially in an acceleration, and a certain abnormal direction of the circulation. Boerhaave, in the same manner, indicates the frequency of the pulse as the most constant phenomenon of fever; the one which denotes its invasion, and which ceases only with it. Quesnay and Dehaen adopt a similar definition. Piquer has remarked, and very justly, that, for the physician to detect the presence of fever, it is not necessary for him to be acquainted with its essence or its mechanism. Embracing with his fingers the wrist of his patient, and compressing lightly the radial artery, he thus perceives, at the same time, the heat of the skin and the frequency of the pulse. He is at once enlightened, and enabled to decide upon the presence or absence of fever.

"The physician would nevertheless be led into error, were he in every instance in which the pulse is accelerated and the skin hot to conclude that fever is present. An individual may have experienced a violent emotion, or some other powerful excitement; he may have partaken freely of stimulating food, or of alcoholic drinks, which, particularly if he be young and of an excitable temperament, would be sufficient to cause an acceleration of pulse, and lead to the supposition that he was laboring under fever, when in fact he had not passed from a physiological state. There are also organic lesions of the heart that produce frequency and irregularity of pulse without the actual presence of fever; in such cases, however, the presence of other symptoms would reveal the existence of the serious lesion by which the disturbance of the circulation is produced.

"With these and some other somewhat similar exceptions, to be noticed hereafter, frequency of pulse may be received as the most certain sign of fever.

"We are not, however, to suppose that an idea so precise and simple as this has been generally adopted. Stoll says that in fever there is an *alteration* in the pulse, and a lesion of one or several functions. The expression *alteration* is an extremely vague one. Selle is still more indefinite. According to him, fever is a disease, variable in its course and duration, and accompanied by heat, cold, and a pulse sometimes more frequent, at others slower than during the ordinary state of health. Afterward, however, he is more precise, when he pronounces fever to consist in variations of temperature, frequency of pulse, spasm of the heart, and acceleration of the circulation of the blood.

"Grimaud objects to the definition of Boerhaave, because the determinate character of fever laid down by the latter is often absent. Thus Galen, Sarcona, and Worlhoff describe fevers in which the pulse was slow. Grimaud, however, distinguishes frequency of pules—that is, the number of pulsations in a given time—from celerity or quickness, which relates to each separate pulsation, which may be completed in a variable period of time. Thus the pulse in fever may be quick but not frequent. Fordyce and Boisseau consider it inaccurate to assume acceleration of pulse as the pathognomonic sign of fever, inasmuch as it is observed in diseases that are non-febrile, and is sometimes absent in genuine fevers.

"All this discrepancy of opinion results from the fact that certain morbid conditions, certain groups of symptoms, have been classed with fevers, although independent of them. Thus, hydrophobia is ranked with the fevers by Selle, while it actually belongs to the neuroses. The acute ataxic condition has been assimilated with the nervous fevers, although frequently unattended throughout with fever. Certain apyretic periodical affections have been ranked with intermittent fevers, under the denomination of *febres larvatæ;* it being supposed that in these fever was actually present, but at the same time veiled or masked, so as not to be detected exteriorly. Let us, however, aim at something more definite. When the pulse is normal in respect to frequency, is there fever? Do there exist fevers without fever? Is fever one of those mysterious beings which are sometimes apparent, and at other times, though present, invisible? To have recourse to such a supposition, is to create the purest ontology. How loudly would the partizans of the physiological and organic doctrines exclaim, and very justly too, against it.

"Let us avoid, as far as possible, doubtful coneeptions. The practtitioner has need of a precise formula, of a definition exact and well understood, of a definition clear and recognizable. For him there is fever whenever the heat of the skin is modified, and especially when it is augmented; and when the pulse is evidently more frequent than in the physiological condition. To these characteristics others are added, as thirst, spontaneous lassitude, etc.

"What do this acceleration of pulse, and this increase of heat, which constitute the characteristics of the febrile condition, denote? With what form of organic or functional lesion are they connected? Thy result, evidently, from an augmentation of action in the heart and blood-vessels; from the disturbance and stimulation of the organs of the circulation. This has been correctly remarked by many authors. According to Quesnay, fever consists radi cally in the excess of action in the arteries. Stoll expresses himself thus, in his seventh aphorism: 'The phenomena of fever are deducible from the irritability of the heart and arteries, augmented and excited by some stimulation.' Ludwig speaks in these terms: '*Circulatio sangninis et humorum aucta febris dicitur. Febrium indoles et vis in circulo sanguinis cernitur.*' Wedekind, of Mayence, and his pupil, Herzig, define fever 'disease of the entire system, resulting from an abnormal activity of the heart and blood-vessels, excited and maintained by an internal cause.' Benjamin Rush places its seat in the blood-vessels, and defines it to be an anomalous action or a convulsion of these vessels. Rolando refers its production to cardiac excitement.

"Thus, according to numerous observers, fever is an affection of the circulatory apparatus. It is the augmentation of action, the general excitation or hypersthenia of the vascular element. To this idea, deduced from the closest scrutiny of the phenomena of fever, there have been joined considerations of a more recondite character. Thus, fever, or the excitation of the circulatory apparatus, is viewed as a *reaction* provoked by some agent which disturbs the vital harmony. It is, says Fages, the result of the reactive efforts of nature against the impression of a morbific cause. According to the physicians of the school of *anamists* and *naturists*, it is for the purpose of purification that fever establishes itself; hence they give, as its etymology, the Latin word *februare*, to cleanse, to purify. The perspirations, the different evacuations by which the accessions of fever are terminated, have given an appearance of truth to this opinion.

"The febrile reaction, with the conservative and critical efforts which it induces, demonstrate, according to Stahl, the intelligence of nature, the autocracy of the soul, while, in the opinion of M. Cayol, it constitutes even a function.

"After all, however, fever is in truth nothing more than a morbid condition. However advantageous may be, in some instances, its results, it commences invariably by a serious derangement of the organism, a general disturbance of its functions. This perturbation has not always a beneficial end, a favorable result. Too often it destroys the strength and exhausts completely, in fruitless agitations, the resources of the organism."

The second section we shall translate is that which treats of the distinction of fever into essential und symptomatic.

"We conclude, then, from what precedes, that fever consists in a more or less intense excitation of the circulatory apparatus. In all cases in which we cannot discover any serious lesion in any organ beyond that apparatus, the effective disease—that is, the fever—must be essential or idiopathic. If, on the contrary, we recognize in any part of the organism any lesion, under the influence of which the fever has originated, we should then consider it as symptomatic or secondary.

"This distinction, presented thus generally, appears clear and evident, but, in its application, there occur some difficulties.

"Galen saw in fever, sometimes the result of an alteration of the humors, sometimes the result of an inflammation. Baillou separated, distinctly, essential from symptomatic fevers. Guittierez discusses this question: '*Sit no accipiendæ febris divisio in morbum et symptoma?*' and resolves it affirmatively, in employing all the syllogistic formula so much in vogue during his time. Until Pinel, little attention was paid to this distinction of fevers, which was regarded as scholastic. Selle embraced in the class *pyrexia* the most part of the acute phlegmasia, the exanthemata, many organic lesions, and even some of the neuroses. Our celebrated nosographer, to avoid this confusion, banishes from the domain of pyretologia all those diseases alien to it, and lays down the principle that essential or primitive fever may present itself under certain determinate forms, and is subordinate to the organ principally affected. Rejecting the idea of a simple fever, he refers inflammatory or agiotenic fever to the blood-vessels; bilious or meningo-gastric fever, to an affection of the stomach; the mucous or adeno-meningic, to the alimentary mucous membrane; the adynamic fever, to the musculur system; the ataxic fever to the nervous system, and the adeno-nervous to the glands and the organs of innervation.

"The greater part of these denominations, and the various local seats of fever indicated by them, led Pinel, without his intending to do so, to rank fever not as an essential disease, but as a morbid condition dependent upon a lesion of different parts of the organism. In following the principles adopted by the author of the *Nosographie philosophique*, we are led to a complete overthrow of his doctrine. It was, in fact, early opposed. Cortambert opposed the denomination of essential fever. Caffin rejected such fevers, and referred them all to a local affection. Bravet followed, by an analysis of each special order of fevers, and showing their particular localization. Parkinson goes still further; he would erase from nosology the very term fever, as never expressing any thing beyond a symptom. Subsequently to the year 1804, Prost had collected a great numder of clinical and necroscopic observations, which prove the direct relation of the different orders of fever, and especially of the ataxic fevers, with divers phlegmasia. Hence, when Broussais came to aim the final blow that was to overthrow the pyretological system of Pinel, the medical mind was prepared for such revolution; it nevertheless required an athlete, like the professor of Val-de-grace, to triumph over a doctrine which had been looked upon as invulnerable. But it is not alone the partizans of Broussais who have opposed the essential character of fever. Fages, a learned disciple of the school of Montpellier, rejected the idea of a simple, essential fever. He denied that character to the fevers denominated inflammatory, bilious, and mucous, because that the inflammatory, bilious, and mucous conditions may exist without fever. According to him, fever is merely a symptom, a reaction, and cannot, therefore, form the distinctive character of a class of diseases. In our day, similar opinions are professed by the celebrated Schœnlin, of Berlin. He sees in fever nothing but a reaction—the participation of the economy in the disorder of an organ. It is not the disease, but only its shadow.

"This opinion is certainly an exaggeration. Fever constitutes often that which is the most essential or the most important in a disease. This must be admitted when, upon the most rigorous analysis, no actual disturbance can be discovered excepting in the circulatory apparatus; when this trouble is due to general influences, which have modified the entire organism, without producing any local lesion; finally, when, on opening the body after death, we discover no trace of an alteration capable of explaining the fatal termination of the case, of which Chomel has furnished examples.

"Foquier and Lerminier, reporting to the Society of the Faculty of Paris, on a memoir presented, on this important subject, by M. Chomel, endeavor to determine in what the essentiality of fever consists. I quote their words, which appear to me to express views that are perfectly just.

" 'The alteration of the animal heat and of the circulation is the result of an irritation experienced by the vascular system. Whether this irritation is confined solely to that system, or takes its source in all parts of the body, it will not be less essential, so long as it is not produced or kept up by an anterior or concomitant affection alien to the vascular system.' These skilful practitioners add this reflection: 'If loss of appetite, some pain in the epigastrium, and a slight redness of the tongue suffice to indicate the presence of gastroenteritis, redness of the face, a sense of weight in the head, and cephalagia, should, in like manner, lead us to infer an inflammation of the brain or its meninges; and yet all these symptoms may quickly disappear, and in every case much more readily than would be the case were they dependent upon actual inflammation.'

"But fever often accompanies various local lesions—are the latter, in such cases, to be viewed as causes or effects?

"M. Camille Leroy has remarked, 1st, that the general phenomena most often are the first observed, while the local affection does not manifest itself until subsequently. ,2d. That the causes act upon the entire nervous system, the whole circulatory apparatus; that they make their first impression upon the organic centers, upon the very sources of life, and do not give rise, but subsequently, to congestions and fluxions, which are the consequences, and not the motors of the febrile movement. I fear that by this mode of reasoning we shall be led too far. Do we not every day see pneumonia, or some other serious and incontestable inflammation preceded by prodroma and intense fever? The local phenomena do not present themselves with energy until at the end of some days. Should we, therefore, regard the local inflammation as the consequence of the febrile movement? It is from such a view of the subject that the acute exanthemata have been brought back among the essential fevers, and in this I believe that we have made a retrograde step.

"To avoid all confusion, we shall consider as essential fevers such only as present beyond the circulatory apparatus, phenomena that are of little import, variable, mobile, and of themselves incapable of exciting a reaction; but we shall refuse the title of essential to a fever from the period when there occur specific lesions, which exercise an incontestable influence upon the march of the disease. Should the fever, even when it originates in a determinate and perfectly recognizable local cause, be considered as a symptom of little value? No practitioner will reply in the affirmative. Take, for example, the most simple case, that of a wound, or of a fracture, by which fever may be excited, does this latter, when it occurs, merit no attention? Does it not become, by its intensity or its particular progress, an important basis of indication? When convulsions or tetanus occur as the result of a traumatic injury, are these formidable accidents, because produced by a local cause, to be overlooked, neglected as mere secondary phenomena? If in a case of tetanus or convulsions, the nervous system is disturbed, may not the circulatory apparatus be excited when fever is produced? Does not the one morbid condition demand attention equally with the other?

"From the various considerations that

have been presented, I believe the following conclusions are to be deduced:

"1. That the distinction of fevers into essential and symptomatic, at every period, heretofore admitted, should be retained.

"2. That the domain of the essential fevers has been too much extended, but that it would also be wrong to restrict it within too narrow limits, or to efface it from the nosological chart.

"3. That its true limits should be determined by observation.

"4. That the fever which presents itself only as a symptom, should, under certain circumstances, be taken into consideration as an indication of the active part taken by the circulatory apparatus in the local disease.

"Desirous of simplifying the subject in question, I shall avoid as much as possible in the succeeding consideration of fevers, all that relates to symptomatic fevers. The latter present, in effect, independently of the phenomena strictly febrile, those which appertain to the local affection of which it is the coincidence or effect. Hence in respect to them, it is easy for a confusion to arise that shall impede the precise determination of the proper causes and attributes of fever properly speaking. The essential fevers should be studied apart from all others, for they may exist alone, as can easily be proved. They may, also, co-exist with other diseases of which they are independent, but upon which they exert an influence. A fever may, also, survive the local lesion that has given it birth, and take then the character of an essential disease."—*Am. Jour. of Med. Sciences.*

WEARING FLANNEL.

Put it on at once, this first week of November, a good, substantial, old-fashioned, home-made, loose, red woollen flannel shirt, and do not lay it aside for a thinner article, at least until the first day of May, even in the latitude of New Orleans. We advise the *red*, because it does not full up, thicken, and become leathery by wearing.

Wear it only in the day-time, unless you are very much of an invalid; then change it for a similar one to sleep in—letting the two hang alternately on a chair to dry in a warm dry room.

If leaving it off at night gives you a cold, never mind it; persevere until you take no more cold by the omission. No one ceases to wear shoes because they caused corns: it is the proper use of things which makes them innocuous. The less you wear at night, the more good will your clothing do you in the day-time. Those who wear a great deal of clothing at night, must wear that much more in the day, or they will feel chilly all the time; and our own observation teaches us, that the people who muffle up most are the most to complain of taking cold.

But why wear flannel next the skin, in preference to silk or cotton?

Because it is warmer; it conveys heat away from the body less rapidly; does it so slowly, that it is called a non-conductor; it feels less cold when we touch it to the skin than silk or cotton.

If the three are wetted, the flannel feels less cold at the first touch, and gets warm sooner than silk or cotton, and does not cling to the skin when damp, as much as they do. We know what a shock of coldness is imparted to the skin when, after exercise and perspiration, an Irish linnen shirt worn next the skin is brought in contact, by a change of position, with a part of the skin which it did not touch a moment before—often sending a shivering chill through the whole system.

A good deal has been said and written about silk being best on account of its electrical agencies; but all that is guesswork. We are mere blind leaders of the blind when we talk about that subtle agent; and until we know more of it, it is the greater wisdom to be guided by our sensations.

Another reason why woollen flannel is better is, that while cotton and silk absorb the perspiration, and is equally saturated with it, a woollen garment conveys the moisture to its outside, where the microscope or a very good eye, will see the water standing in innumerable drops. This is shown any hour, by covering a profusely sweating horse with a blanket, and let him stand still. In a short time the hair and inner surface of the blanket will be dry, while the moisture will be felt on the outside. If we would be wise, we must use our senses, and observe for ourselves.

Some persons prefer white flannel, which may be prevented from fulling up, if first well washed in pretty warm soap-suds, then rinsed in one water as hot as can well be borne by the hand. After being once made, a woollen white flannel shirt should never be put in cold water, but always washed as above, not by putting soap on it, but by washing it in soap suds, not very hot.—*Hall's Journal of Health, November.*

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FŒTUS IN THE ABDOMEN OF A BOY

We are presented with a very curious report made to the medical society of Paris, by M. Dupuytren in the name of a commission composed of Mess. Cuvier, Leroy, Baudelocque, and Jadelot, appointed to examine a phenomenon which, by its singularity, had excited, to a great degree, the curiosity of physiologists, and the attention even of the minister Chaptal, "a fœtus found in the belly of a young man of 14."

In such cases, which are so contrary to ordinary experience, it is the duty of the philosopher, on the one hand, to admit no more than what is rigorously proved, and, on the other, not rashly to circumscribe the powers of nature. Such appears to have been the disposition under which the following history and reflections were drawn out by the committee of the medical society.

"Amidee Bissieu, in whose body the fœtus was found, had complained, from the time he could make himself understood, of a pain in the left side, which was, at a very early period, enlarged into the form of a tumor. These symptoms continued, without materially affecting the health of the child, till he had attained his 13th year, when he was suddenly attacked with fever. From that moment the tumor became very large and painful; and, after some days, his stools were observed to be fœtid and puriform. At the end of three months from this attack, he plainly labored under a sort of pulmonary consumption. Shortly afterward he passed by stool a ball of hairs, and at the end of six weeks more he died."

"The body being opened by Mess. Guerin and Bertin, there was found in a sac attached to the arch of the colon, and communicating with it, some balls of hair, and an organized mass, resembling, in many points, a human fœtus. The connection between the habitual indisposition of Bissieu and his disease is obvious, as well as that between the disease and the appearances by dissection. This first point being ascertained by authentic documents, it became of the highest importance to determine the position of the organized mass, and the situation in which it had been formed. Now, the inspection of the parts, sent to the society by M. Blanche, surgeon at Rouen, clearly demonstrates that it was contained in a cyst situated in the transverse mesocolon, near the intestinum colon, and without the canal of the primæ viæ. The cyst, indeed, communicated with the intestine; but the communication was recent, and, in some measure accidental; and the remains of the separation between the two cavities were still evident."

"The true position of the organized mass being determined, it was necessary to determine its nature. We found, in its form, many points of resemblance with the human fœtus, but we observed, at the same time, a great many particular dispositions, some of which appeared to belong to vices of conformation, and others to derangements successively produced by time, and by its retention in the mesocolon."

"There appeared a sure method of determining the true character of this production. It is evident, that if it possessed a system of organs independent of those of the body to which it was attached, it should be considered as an individual; on the contrary, if nothing could be discovered but a continuous organization, it should be referred, whatever might be its external form, to the class of tumors which originate in every part of organized bodies, and be no longer regarded as a phenomenon. The dissection of this mass, performed with extraordinary care, discovered traces of some of the organs of sense; a brain, a spinal marrow, and large nerves; muscles degenerated into a kind of fibrous matter; a skeleton composed of a spine, a head, a pelvis, and the rudiments of the limbs; lastly an umbilical cord, very short, and inserted into the mesocolon without the intestinal cavity; an artery and a vein ramified at both extremities, that belonging to the fœtus, and that belonging to the individual in whom it was found. The existence of the preceding organs certainly demonstrates the individuality of this organized mass, although it was otherwise deprived of the organs of digestion, respiration, of urine, and of generation: the absence of a great many organs necessary to life ought only to make us regard it as one of those monstrous fœtuses destined to perish at the moment of their birth."

"The existence of an organized mass in the mesocolon being ascertained, its analogy with the human fœtus being determined, it still remained for us to inquire how long it had been there, how formed in the body of another individual, and how it had existed there?"

"This fœtus being found without the alimentary canal, it cannot be allowed to have been introduced into the body of the young Bissieu after birth; which destroys the greater number of the hypotheses which have been imagined to explain this phenomenon. The sex of Bissieu, perfectly ascertained by Messrs. Delzeuse and Bronard, by order of the prefect of the Eure, precludes, besides, all idea of fecundation; nor could he be self-impregnated, since he was provided with male organs only, without the smallest trace of those of the other sex.

"The facts which form the basis of this report lead naturally to very different notions; the indisposition to which Bissieu had been subject from childhood; the nature of the symptoms of this indisposition; those also of the disease which immediately succeeded it, and the appearances discovered on dissection, are so allied, that we cannot avoid acknowledging between them a necessary dependence, and concluding that this unfortunate young man had been born with the cause of the disease which cut him off at the end of 14 years.

"Many other facts conspire to prove the long existence of the fœtus in the body of the young Bissieu. Such are the size of its teeth, the fibrous degeneration of its muscles, the induration of the brain, the abrasion of the skin in a great many points, the caries of several bones, the anchylosis of others, the ossification of the cyst, &c., &c.; changes which require a very long time. But, admitting that this fœtus was coeval with the individual to whom it was attached, there still remains, for those who would explain every thing, a great difficulty to surmount, its situation in the transverse mesocolon. The curious facts exposed in this report are certainly the most important part of it, and are, to a certain extent, independent of any explanation which may be offered: it necessarily, however, became an object to seek, in the facts, an explanation of the phenomenon. Not unfrequently we meet with twins connected by the back, by the belly, by the head, or by several other parts. A certain degree of compression excited by the organs of the mother on the very tender embrions at the time of conception, or soon after, may occasion these monstrosities. In other cases, not less frequent, the twins are so identified that several organs wanting to each are replaced by organs common to both. In the former case, the monstrosity is owing to a cause purely mechanical, and in the latter, to a radical vice in the organization of the germs. To one or other of these causes, we must necessarily have recourse for the explanation of the phenomenon which forms the subject of report. Thus, in the case of Bissieu, either one of two separate germs had penetrated the other in consequence of some mechanical action, or by some primitive disposition, of which it would be as difficult to give an account, as of every thing else connected with generation; they have always existed in the same way in which they were afterwards observed.

"One of these explanations being admitted, the existence of a fœtus in the abdomen of another individual is no longer so very surprising, and the sex of that, who has so long performed the function of mother, becomes nearly indifferent. This fœtus may be compared to the fruits of extra uterine conceptions. In fact, to whatever part of the abdomen the fecundated germs attach themselves, their mode of nutrition is the same: in every situation they absorb their nourishment by their own vessels; they grow till the term marked by nature for their expulsion; and if they cannot be expelled when this term arrives, they putrefy, are converted into fat, shrivel, ossify, or they grow till, by irritation of the neighboring parts, an abscess is formed, through which they may be expelled. This, in some measure, had taken place in the present example; the sides of the cyst enclosing the fœtus, as in other cases of extra uterine gestation, had inflamed; the inflammation had extended to the intestine; the partition which separated the two cavities had been destroyed; a communication had been formed between the cyst and the colon; pus and hair had been passed by stool; and a complicated phthisis had finally put a period to the patient's sufferings.

"Had the fœtus been placed nearer the surface, the cyst would not have opened into the intestine, and this phenomenon, without any change in its nature, would have appeared less extraordinary.

"This fœtus must have been nourished during the whole life of the individual, who may be considered as its brother; the preservation of its body from putrefaction, and the circulation of blood through its organs, leave not a doubt as to this point. The want of the organs of digestion, of respiration, generation, etc., form no objection to the life of the fœtus, since these organs, simply nourished in ordinary fœtuses, do not evert their functions till after birth. But the life of this fœtus consisted necessarily of a small number of functions, on account of its particular structure; the organs of circulation alone performed all that was necessary to the life of the other parts. They received and returned the blood from the mesocolon to the fœtus, and from the fœtus to the mesocolon.—*Edinburg Med. Journal.*

THE MEDICAL MAN ALWAYS A STUDENT.

BY WINSLOW FORBES, M. D.

Too much reliance is placed on the education which is received at the schools, and too little on our own exertions. We are apt to fancy our education complete, when we have obtained from the legally constituted tribunals a license to exercise our profession; when, in fact, we only just then enter upon the study of medicine. We ought never to cease being students. We acquire, by attending lectures and hospital practice, only the elements of knowledge; the superstructure must be raised by our own unassisted exertions. No greatness, eminence or success need be expected by those who have not the resolution to put their shoulders to the wheel, and to work as if their very existence depended upon what they accomplished. There are few difficulties which hold out against real attacks; they fly like the visible horizon, before those who advance. A passionate desire, and an unwearied will, can perform impossibilities, or what seem to be such to the cold and feeble. If we but go on, some unseen path will open among the hills. We must not allow ourselves to be discouraged by the apparent disproportion between the results of single efforts, and the magnitude of the obstacles to be encountered. Nothing good or great is to be obtained without courage and industry; but courage and industry must have sunk in despair, and the world must have remained unornamented and unimproved, if men had nicely compared the effect of a single stroke of the chisel with the pyramid to be raised, or of a single impression of the spade with the mountain to be leveled. An Italian sonnet justly and elegantly compares procrastination to the folly of a traveler, who pursues a brook till it widens into a river, and is lost in the sea. The toils as well as the risks of an active life are commonly overrated, so much may be done by the diligent use of ordinary opportunities; but they must not be always waited for. We must not only strike the iron while it is hot, but strike it till "it be made hot." Hershel, the great astronomer, declares that ninety or one hundred hours, clear enough for observation, cannot be called an unproductive year.

We would not wish to undervalue the knowledge obtained from others, or lead the student to suppose that lectures and hospital practice are undeserving of his attention. He will find himself sadly mistaken if he entertains and acts upon such a notion. It is surely unnecessary to dwell upon the importance of a thorough acquaintance with anatomy, which is the only sure foundation of medicine and surgery. Read the history of our greatest and brightest ornaments, and it will be found that they have owed their fame and success to their intimate knowledge of the structure of the human frame.

The most valuable portion of our knowledge is that derived from our own reflection on what we have read and seen. "That man thinks for himself," said Lavater, when gazing on the portrait of John Hunter. Knowledge does not come by intuition. The idea of a Cooper, a Brodie or a Liston being born natural operators and surgeons is ridiculous in the extreme. The eminence which these men have obtained was the result of hard study and discipline. If ever there was an inspired poet, it was Milton, who pours out his prayers "to that eternal Spirit, that can enrich with all utterance and knowledge, and sends out his cherubim with the hallowed fire of his altar, to touch and purify the lips of whom he pleases." Yet the immortal Milton boasts not of inspiration; he prepared himself with diligence and meditation many years before his great poem was published to the word. He says, "I hope, by labor and intense study, which I take to be my portion in this life, I may have something so written to after times, as they should not willingly let die."

ANECDOTE OF RICORD.

The following anecdote is told by the Paris correspondent of the New York Daily Times, and is too good to be lost:

A friend told me a day or two ago a good anecdote of Philip Ricord, the distinguished surgeon of the Hospital du Midi. Ricord was sitting in one of the orchestra stalls at the Grand Opera—it is not often he gets time to go there—and all at once when the house was still, and in the midst of one of the songs of a principal barytone, he commenced cheering in the most approved style. Everybody looked at Ricord, but did not understand. As the singer grew warm and commenced gesticulating with vehemence, Ricord's enthusiasm augmented. and other gentlemen at his side feeling the infection, followed his example and applauded also. Ricord, turning around briskly, wanted to know what they were applauding for? "To tell you the truth, sir," was the reply, "it was partly from your example." "But you don't know why I applauded?" replied Ricord. "I was applauding the marvellous effects of the iodide of potassium!" The singer was one of Ricord's patients, who had a stiff elbow joint, for which he had been taking for some time this remedy, and it was when Ricord saw the arm unbend itself in the gesticulation of the singer, that he broke out into such enthusiasm. His neighbors remained silent for the rest of the evening.

Part 3.--Editorial.

INDIANA ECLECTIC MEDICAL ASSOCIATION.

The members of the Eclectic Medical Association of the State of Indiana, met at Indianapolis on the 6th day of October, 1857, at 2 o'clock, P. M., pursuant to previous call. President in the chair, the house was called to order, and the minutes of the previous meeting being called for, were read and adopted, with a slight correction of an error occurring in the sixth line of the printed proceedings. A motion was made and adopted, inviting several medical gentlemen present, who were not members, to participate in the deliberations of the meeting. After which, Dr. J. W. Young being present from the committee on Constitution and Rules of Order, he was requested to present his report to the meeting, (the other two gentlemen being absent). The report of Dr. Young was, on motion, read and adopted, with the exception of the seventh article of the constitution, relating to the standard of qualification for membership, which was, by consent, laid on the table for a time indefinite, for the purpose of giving opportunity to members who had not yet arrived, to engage in the discussion and settlement of this question.

The following gentlemen then gave their names as members of the Association, viz: Geo. W. Cloud, Wm. Boles, J. P. Siddall, J. W. Ellis, L. M. Cox, W. F. McGinnis, J. P. Rader, W. C Sweezey.

On motion of Dr. G. W. Riddell,

Resolved, That the seventh article of the constitution be taken from the table and made the order of business for to-morrow morning.

Pending which, the meeting adjourned, to meet again to-morrow morning at 9 o'clock.

WEDNESDAY MORNING, OCT. 7.

Pursuant to adjournment, the convention met at their hall, at 9 o'clock, A. M. The order of business being called for, the seventh article of the constitution was taken from the table, and discussed at length; but the time for dinner having arrived, the discussion was closed by a call for a vote, which resulted in the adoption of the article. Adjourned to meet again at 2, P. M.

AFTERNOON SESSION, 2, P. M.

President in the chair. Minutes of forenoon read and adopted. After which the following resolution, by O. H. Kendrick, was read and adopted:

Resolved, That we, the members of the Eclectic Medical Association of Indiana, regard the use of mercurials, arsenicals, and antimonials, in the treatment of disease, as incompatible with true medical science, and the spirit of American Eclecticism.

The convention having now fully consummated the labors of organization, proceeded to the election of officers under the constitution, which resulted in the choice of the following gentlemen, viz:

President—J. W. Young.

Vice Presidents—W. H. Kendrick, J. B. Wright.

Recording Secretary—O. H. Kendrick.

Cor. Secretary—J. M. Youart.

Treasurer—L. Abbett.

The result of the election having been declared, Dr. Young took the chair, and proceeded to appoint a committee of five curators, as provided under the constitution. The following gentlemen were appointed said committee: J. N. Green, G. L. Gibbs, J. C. B. Wharton, J. C. Dixon, and W. F. McGinnis.

On motion, the Chair appointed the following gentlemen a committee to prepare business for the further action of the meeting: Drs. Wright, Green, Sweezy.

The following members came forward and paid one dollar each, as a fee for their membership: J. W. Young, Gosport; Wm. F. McGinnis, Cloverdale; J. B. Wright, Indianapolis; J. M. Youart, Lafayette; L. Abbett, Indianapolis; J. N. Green, Evansville; Wm. Boles, Morgantown;

Wm. C. Sweezey, Bennington; J. C. B. Wharton, Milroy; J. P. Siddall, Columbus.

The fees were paid over to the Treasurer, and, on motion, the convention adjourned to meet again at the office of Dr. Abbett, this evening, at 7 o'clock.

EVENING SESSION, 7 O'CLOCK.

President in the chair, the minutes of the previous meeting were read and adopted. After which, the Committee on Business made their report, which was taken up and discussed at length.

The following gentlemen came forward and paid their membership fee, viz: J. P. Rader, ——; Wm. Suman, Chesterfield; Wm. H. Kendrick, Indianapolis; G. W. Riddell, Franklin.

The labor of publishing the constitution and by-laws, was referred to a committee on printing, namely, Drs. J. N. Green, L. Abbett, and O. H. Kendrick.

After the discussion of various subjects relating to the interests of the Association, the following resolution was offered by Dr. Green:

Resolved, That the thanks of this Association be tendered to our late President, Dr. W. H. Kendrick, for the able and faithful discharge of his duties.

By Dr. Kendrick: *Resolved*, That the reform medical journals at Cincinnati be requested to publish the proceedings of this convention, and that the Secretary be requested to furnish a synopsis of the same for publication in the city papers.

By Dr. Green: *Resolved*, That this convention do now adjourn, to meet again in this city, on the 13th day of May, 1858, at 2 o'clock, P. M.

In pursuance of the fifth article of the constitution, the following named gentlemen were appointed by the Chair, as committees on the following subjects, viz:

Theory and Practice—Drs. Wm. H. Kendrick, Wharton and McGinnis.

Surgery—Drs. Riddell, Gibbs, Youart.

Materia Medica and Chemistry—Drs. O. H. Kendrick, Malone, and Dixon.

Obstetrics—Drs. Wright, Cox, Mallette.

Botany and Pharmacy—Drs. Malone, Austin, and Rader.

Anatomy and Physiology—Drs. Sweezey, Green, and Ellis.

Medical Education and Statistics—Drs. Abbett, Siddall, and Suman.

Under the provisions of this fifth article, these committees are required to obtain all the information within their means, on their several subjects, and make a written report of the same at the next meeting of the Association. The reports can be made separately, or through the chairman of each of the committees, as the members of the same may agree.

J. W. YOUNG, *President.*

O. H. KENDRICK, *Secretary.*

REPORT OF CASES.

BY GEO. H. FOSDICK, M. D.

[The following communication was received too late for insertion in the proper department.]

I was called, July 15, 1857, to see Mrs. H., aged 40. Eight years ago, she says, she had what she supposed a gum-boil, situated on the left upper jaw. This gave her no thought—supposing that it would get well in a short time. In this, however, she was disappointed; it soon formed into a somewhat hard tumor, about the size of a hazel-nut, and remained about the same for two years. There was now some pain felt in the tumor. Up to this time she thought but little about it, though some of her neighbors became very anxious as to what this was in Mrs. H.'s mouth; it was soon named by meddlesome old women a cancer. This excited the lady, and the tumor very soon began to increase in size, and with the growth, the pain increased, and at times was very painful. She became alarmed; different physicians were called in to see what it was; she informed me that she received no satisfaction whatever from any. A gentleman calling himself a cancer doctor came to see her; he told her that he could cure her; that is, he could remove the cancer. A bargain was made for the removal of the tumor at one hundred dollars—no cure, no pay. The doctor went to work, and attempted to remove the tumor by disorganizing it, in which he entirely failed. She came very near sinking under his treatment. He was charged with using arsenic in the case, and he became alarmed and left for parts unknown.

On examination, I found a large tumor situated upon the left superior maxilla, attached to the canine fossa, and extending to the posterior or zygomatic surface, about the size of a goose-egg. The external surface was red and vascular, hard and irregular to the touch; frequent hemorrhages from slight examinations, and a great deal of pain was complained of. I proposed the removal of the tumor with ligature and double canula I prepared a double canula, the tubes three inches long through the ligature around the base of the tumor, as high upon the bone as the circumstances would permit, and made it as tight as she could bear it. The tightening of the ligature caused considerable pain; it was tightened every day for nine days; after the three first days I was compelled to use chloroform, the pain being so severe. The circulation in the tumor was not entirely cut off until the fourth day; at this time it became black and very fetid. On the tenth day from the application of the ligature, the tumor was removed with the tenaculum and handle of a scalpel, breaking down the remaining adhesions, and drawing the tumor out of the mouth. The tumor presented, on examination, a dense fibrous structure, literally filled with ossific deposits, varying from the size of the head of a pin to that of the end of the little finger, and of all shapes from very thin scales to perfect spicula. After the tumor came away the entire attachments looked smooth as if the operation had been performed with the knife. No hemorrhage occurred. A small projecting process of bone, about half an inch long and half an inch in diameter, remained at the center of the tumor, which was removed with bone forceps. Healthy granulations sprang up, and a few small pieces of bone came away for several days. The case improved rapidly, no unfavorable symptoms of any kind came on, and no appearance of the return of the tumor whatever are present, and at this date (Nov. 5), you would not suspect that there had ever such a tumor existed.

May 10, 1849, called to see Mr. W., aged 48. Had a family consisting of eight children, all healthy and intelligent. The history he gave me was, that about four years previously he was in the habit of introducing into the urethra vegetable substances, such as the straw of grasses, for the purpose of venereal excitement; then followed masturbation, and he indulged in coition to an alarming extent, which soon prostrated him, and he was confined to his bed. He was treated by two Allopathic physicians for two years, with no benefit. He earnestly requested me to take charge of his case.

On examination, I found enlarged prostate gland, frequent calls to pass urine, constipated bowels. I commenced the treatment to regulate the bowels and urinal difficulty; as soon as this difficulty was removed, he was ordered eight gtts. tincture iodine three times a day, increasing up to thirty gtts. three times a day. He improved somewhat under this treatment, so that he could ride out. But he would not, or could not, refrain from his old indulgence, and he very soon came to the old stand, prostrated upon the bed. I had treated him about six months; the case had given me a great deal of trouble, and I was determined to get rid of him at the next visit. In a few days he sent for me in great haste, and put the question directly, "Is there any help for me, or can you cure me? I want a direct answer, yes or no." Thinking this the very time for me to get a good riddance of my troublesome and perplexing case, my reply was, "I can cure you, if you will submit to the treatment." "What do you propose?" "Well, my dear sir, castration." To my utter astonishment, he said that was what he wanted done. In a few days, I removed one of the testicles, which was performed by a free incision into the scrotum, and dissecting up the spermatic cord, the cord being held between the thumb and finger of an assistant, and the artery ligatured. The loss of blood did not amount to an ounce. The after treatment was the application of cloths wrung out of cold water. Union of the incision took place by the first intention, and recovery from the operation was complete in a very short time. Bot this did not restrain him, and as soon as the wound was well, I removed the remaining organ, which had the desired effect. I had the satisfaction of seeing my patient a well man, able to attend to his regular business, which was farming.

Called, April, 1850, to see Mr. C., aged 26, unmarried, who was laboring under a very similar difficulty. The history of the case of Mr. W. will answer for his, with the exception of marriage. The operation was performed on the same principle, with the difference of removing both organs at the same time. The operation, of itself, was successful, but recovery was not rapid, as in the previous case, his constitution being so perfectly undermined by the habit and the treatment he had received; he died six months after the operation was performed.

Mr. B.. on discharging his rifle, February, 1856, received a stream of fire into his left eye. (I use his own language.) Active inflammation came on, for which he was treated by an old school physician; the active inflammation gradually subsided, leaving a chronic form existing, with a scratching sensation near the inner canthus, deep-seated, to which he called particular attention—told his physicians that there was something in the eye at that point, and if he could see, he knew that he could find it. They all told him there was nothing in his eye.

He called on me, and gave the history as here described. On turning the upper lid, and raising the folded edge with the smooth end of a probe, I could see a small, white tumor, with a black spot in the center. I seized the tumor with a pair forceps, drew it forward, and clipped it off with scissors. On examination, a stiff hair was found in the center of the tumor, and on further examination of the lid, two more hairs were removed, of a finer texture. The scratching disappeared, and the old man thinks that he will be able to kill a deer this winter.

SPRING SESSION.

The Spring Session of the E. M. Institute is announced in this number of the Journal, and we beg to call attention to it. From the letters received, and from those of the present class who intend to remain for the Spring Session, together with the growing ease of the financial world, we think that our Spring class will exceed the winter class. We believe we have the largest class in the city this winter, as usual; but it is smaller, as with every other college in this city, than it would have been had there been no pressure in the money market. Hard times affect every trade—ours among the rest.

STATE MEDICAL ASSOCIATION.

The Ohio Eclectic Medical Association will meet in the hall of the Eclectic Medical Institute (corner of Court and Plum streets), Cincinnati, at 9 o'clock, A. M., on December 16th, 1857. Eclectic physicians from other States are respectively invited to be present, and to engage with us in a mutual interchange of opinion—to hear and to express views, report cases, read essays—and to take into consideration all those questions which ought to interest physicians, and especially those who claim to be Eclectic in creed. These annual assemblages of physicians to canvass questions, to suggest policies, &c., if entered into with the right spirit, may be made to operate not only for the good of the profession, but for the good of the public.

Unfortunately, physicians are too much separated, and in association too seldom. The want of intercommunication leads to distrust, jealousy, &c., against which even the dignity of the profession is not a bar.

Desiring to see such a friendly feeling cultivated, we hope the attendance will be full, and we feel assured that none will regret having attended. There will be business of interest to the whole profession before the Association, and each one should feel it a duty to attend.

SURGERY.

Principles And Practice of Surgery. by **James Syme**, F.R.S.E., Professor of Clinical Surgery in the University of Edinburg, &c. Edited, with Notes and Illustrations, by **Robert S. Newton**, M.D. Professor of Surgery in the Eclectic Medical Institute of Cincinnati, &c. From the last Edinburg edition. Cincinnati: Moore, Wilstach, Keys & Co., 25 Fourth st. 1858.

Such is the title of a large medical, or rather surgical work, an advanced copy of which has been placed in our hands by the publishers. It speaks volumes for the popularity of both Mr. Syme and Prof. Newton, that this work should have been so extensively circulated in so very short a period. The American edition of this work appeared in April, 1857, and before the close of the year the entire edition, large as it was, has been consumed, except some forty or fifth copies, and the Messrs. Moore, Wilstach, Keys & Co. have undertaken to supply the demand for it, which has been so great, that orders have been received from Europe for it, even before the second edition has been completed. Such a rapid sale has seldom been awarded to any work on surgery in this country.

In every large work like this there would escape detection, some errors in a first edition, and these Prof. Newton will correct in future editions.

The printing, binding, and general mechanical execution of this work are very superior, making the work, as now presented, one of the finest specimens of American presswork that we have seen. The book is a large octavo of 908 pages, and profusely illustrated.

Having said thus much of the general appearance of the book, we now propose to examine its contents, both to show the style of the author and editor, and to point out some of the peculiar views found in the pages of the work. The surgical standing of Mr. Syme has never been questioned, and his position of Professor of Clinical Surgery in the University of Edinburg, is a sufficient warrant for this assertion. For over a quarter of a century he has been giving to the world, from time to time, his peculiar views on various surgical questions, and his lectures have drawn students from all parts of the United Kingdom, the Continent, and even from America, all of whom have borne unqualified testimony as to his superior skill as an operator. Mr. Syme had never attempted to collect his works for systematic publication, and hence, as presented to the American editor, they were embraced in some five or six separate volumes, and in the pages of the Edinburg Medical Journal and the London Lancet, the existence of many things having been kindly pointed out to the American editor by Mr. Syme himself. The editor has the following language in his preface to the American edition, which explains his reasons for reproducing the works of Mr. Syme in America.

"In preparing the surgical writings of Mr. Syme, I have been actuated by no other motives than to present the American profession with the best surgical information extant in Europe, and the numerous improvements and modifications which have been introduced at a recent date by American Eclectics. I need hardly say, that the great distinctive feature in Eclecticism, whether in medicine or surgery, is the attainment of the greatest success; to admit and practice the truths which are found scattered here and there throughout the writings of all classes of medical men. If Mr. Syme is the best known operator, it is our duty to operate in the same way; if his principles are correct, it is our duty to adopt those principles; if any surgeon has improved on these operations, we must recognize those improvements; if his surgical remedies are not the best, then it is our duty to point out the best, and we should always be ready to furnish a reason for deviating from established maxims and rules. It is evident that it is only by cultivating such a spirit as this, that surgery and medicine can be brought up to the high standard of a positive science. Mr. Syme, like other men, is not infallible; he has committed errors—and who has not? If we should reject the opinions of every man who entertained some erroneous views, there would not be one authority left. The question is often asked, What have American Eclectics done to advance medicine and surgery? Our works on practice, and the results of our teachings, as manifested by the success of American Eclectics, show most conclusively that we have vastly improved our materia medica, introducing agents on the certain action of which the physician and surgeon can rely—agents which the general profession are adopting throughout the country. We have shown the true character of mercury, arsenic, and similar agents, as internal remedies, and produced compounds which do all that mercury is claimed to do, and even more, for they are free from the objections to which mercury is liable. We have demonstrated that inflammation is not a disease; that bleeding is never necessary, and that the practice is always unsafe. We have furnished a more rational system of medicine, because we reject all theories which do not bear the tests of experience. In a word, we seek for the positive and truthful, no matter where found, and adopt as fact only that which we can demonstrate in practice. In the department of surgery, we have made great improvements, as will be seen by the readers of this work. We have simplified operations, and shown diseases curable which have heretofore been considered as incurable."

Mr. Syme takes up the subjects of surgery in the following order: Inflammation, Mortification, Effusion, Ulceration, Absorption, Granulation, Suppuration, Diseased Nutrition, Cancer, Blood-vessels, External Injuries, Amputation, Excision of Joints, Bones, Joints, Muscles, Tendons, Throat, Abdomen, Pelvis, Diseases of the Genital Organs, Brain, Spinal Marrow and Nerves, Skin, Eye and its Appendages, Mouth, Nose, Ear, &c. The principles of these various classes of diseases are given in the remarkably clear and concise language of Mr. Syme, and whenever the editor differs from the author, we have a modifying note. The principles are well illustrated by cases in practice, so that the work is, in reality, what it professes to be, the principles and practice of surgery.

Some of the departments are very full, and such is the case from the minute research of both author and editor. In various departments, *e. g.*, Excision of Joints, Mr. Syme has had large experience, and he would consequently have more to say on the subject than most authors. The same is true of various other subjects, for we shall soon observe that Mr. Syme's experience has not been confined to a few particulars in surgical practice, but it has extended over nearly the whole field. Experience and constant practice has given him rare opportunities for writing a work on surgery, and he has done so in an able manner. He perceives his advantages, for in a lecture quoted in the preface, he says:

"Not long ago, in an American journal, I saw an advice to students for the choice of a surgical book, always to prefer the one most recently published, from which it would appear that novelty, instead of experience, was held to stamp the value of principles—a most dangerous doctrine, as it seems to me, when we take into consideration the baneful influence that may be exercised over a whole professional life, by the adoption of a single erroneous view in regard to the treatment of disease. Let me, therefore, beg that you will never adopt as your own the opinions of others, merely because they appear in print, or are promulgated from a professor's chair. Regard prejudices as your worst enemies, and believe nothing that has not a foundation in reason."

The Appendix contains one of the best articles on ovariotomy extant. If our space permitted, we would gladly make some extracts from it. This is the only surgical work extant which combines at once the standards of the old and the new schools. As a standard for Allopathic physicians, Mr. Syme has never been questioned or doubted, and almost every recent work on surgery shows this to be true. Professor Newton, occupying the chair of Surgery in the oldest and most prominent of Eclectic schools, has long been regarded us authority with Eclectics, and even Allopathic physicians have testified to his ability time and again.

That this work will have a wide circulation is evinced by the rapid sale of this edition. It will also exercise a beneficial influence on both the old and new schools, by giving each a better understanding of the other. The work may be ordered from either the editor of this journal, or from the publishers, Moore, Wilstach, Keys & Co., Cincineati, Ohio. B.

DISEASES OF WOMEN.

Prof. J. M. Scudder has now passing through the press a volume on the Diseases of Women, that will certainly reflect great credit on him, judging from what we have seen of it. The publishers, Messrs. Moore, Wilstach, Keys & Co., of this city, are in contract to have the book out by January 1st; so that it may be ordered as soon as this notice reaches our readers. To give an idea of the book, we beg to examine the claims of the author, and to briefly characterize his book.

Prof. Scudder is a young, active, and vigorous man, whose attainments in the department of Anatomy, were so satisfactory that the trustees of the Eclectic Medical Institute appointed him one of its Professors, and for three sessions he has given every satisfaction, to both the Faculty and the class, meriting and receiving at all times, the warmest approbation from the medical profession. He has been for some years engaged in an active and lucrative practice in this city, and has attained a reputation as a practical and successful physician, that even older men might envy. With a well trained mind, thorough attainments in physic, and a large experience, he has undertaken to supply what did not exist—a good and reliable Eclectic treatise on the Diseases of Women. In the preparation of the book, he has labored assiduously, and under favorable circumstances, for many months, and the completed work speaks well for his efforts. To write such a work, no man better suited could have been found than Professor Scudder, from the fact that he is not only a master of the subject, but he is every way reliable. The work was not written, we feel assured, either to gain notoriety or money, for the author is a retiring and modest man, and he certainly knows enough of book-making to have learned that it rarely "pays." But there was a necessity for such a book, to which circumstance it owes its existence.

It is a large octavo volume of some 500 pages, and handsomely and originally illustrated with colored lithographs, and finely wrought wood cuts. Printed in the best style, on good paper, as we see by the sheet before us.

The work has an introduction by Prof. G. W. L. Bickley, in which the question of what is Eclecticism, is fully and fairly canvassed, in a manner that shows he fully comprehended it. That article, long as it is, ought to be engraven into the memory of every physician, for it is by far the clearest and most philosophical exposition of the Eclectic idea that we have yet seen. It defends and advocates it in a manner not heretofore attempted, and will be found interesting and profitable to all physicians.

There is also a long paper on Diseases of the Breasts, by Prof. Newton, than whom no man in America has had superior advantages in the study of the subject. His lectures on diseased mammæ have heretofore attracted much attention, and we feel assured that those who read this paper will confirm our judgment. For many year

Professor Newton, in treating Cancer, has had his attention directed especially to the consideration of the diseases of the Female Breasts. Prof. Scudder has acted wisely, therefore, in taking advantage of his kindness to furnish him an article on the Breasts. But this remark does not imply that Prof. Scudder was not well qualified to have written on the breasts himself; yet we all know that great experience and familiarity in the treatment of any disease, will confer a practical knowledge of the subject, that no mere speculation and mere learning can ever confer. At any point, then, where the author might have mistrusted himself, he has been careful to fortify his book by the assistance of such as could impart real practical knowledge.

Prof. Scudder, himself, is no theorist, and his book will readily convince the reader of that fact. He has shown great research and laborious study on every point, each of which has been subjected to the tests of experience and reason. We have seldom been more pleased with the work of any young author than this; and though this be the maiden effort of Prof. Scudder, we venture to affirm that his book will not only give entire satisfaction, but it will give him honors of which he but little dreams. P.

MASSIE'S PRACTICE.

In our last issue we spoke of the Eclectic Southern Practice of Medicine, by Dr. Massie, of Texas, and desiring to give our readers an idea of the capacity of Dr. Massie, we make another extract from its pages (the preface), and, in doing so, we beg to remark that Dr. M. speaks like a true advocate for medical reform; as one who believed what he wrote. Indeed, this is the case with the entire body of the work, which, for practical purposes, has no successful competitor, so far as he has attempted to trace this subject. Every man possesses some peculiarity of expression, and Dr. M.'s readers bear testimony to his happy felicity of ideaism. What adds most to the value of the work, however, is the knowledge that he has himself tested what he has attempted to teach, and in this respect, he has succeeded in doing what few men ever accomplished—presented a reliable practice. In his preface he thus speaks of Eclecticism.

"More '*pathies*' exist than we have time or inclination to describe, but however unpleasant the task, on account of their general prevalence, and because we have ourselves given them a thorough test, we feel it a duty to speak with candor upon two. We mean Homeopathy and Hydropathy.

"And for the first: Finding that a burn could be sometimes cured by the approach of the burnt part to the fire, noticing the specific effect of preparations of bark in the cure of intermittent fevers, Hahnemann, from behind the mountains of Saxony, invented and proclaimed to the world his new theory, that those remedies will cure the disease which produce its symptoms in the well person, and the medical world stood in astonishment at the announcement of the new maxim, '*similia similibus curantur.*' Hahnemann lacked not ingenuity to sustain, by plausable arguments, his new idea, and seconded his notion by the Hippocratean doctrine of watching and assisting nature, and, as he extended it, anticipating her action. Joined to this, he taught that the nerves are the seat of all diseases, and this portion of the human frame being the most susceptible, he came to the conclusion that the remedies he recommended should be administered in doses infinitesimally small. Like most other theories, his system has not been without its use. In some maladies of a chronic character, the former part of his theory may be beneficially employed, his error consisting in applying it in both its parts to all diseases. Any practical physician knows, that in acute and inflammatory cases, in those diseases which so suddenly attack and so speedily and fatally terminate, such a practice would be worse than idle, for even the most active remedies, and the most prompt in their operation, are sometimes and too often inefficient.

"The second can be more summarily disposed of. Dr. Stewart, of London, in a lecture before the classes of the Middlesex Hospital, has already done it to our hand. He thus describes the Hydropathists, the enlightened and philosophic followers of *Doctor* Pressnitz: 'those who profess to cure every disease by packing in a wet sheet, and flushing the sewers of the animal microcosm twice a day with oceans of cold water.'

"From this review of the vagaries of the human mind, from which so many and so great men have not been exempt—out of these contradictions and conflicts of opinion—what lesson should the wise physician learn? No theory is so absurd but may contain some germ of truth, and none so well established as to command a blind obedience. No observation of facts, no application of remedies from experience of their good effects, can make the physician, unless he understands the physiology and pathology, the constitution, construction, normal and abnormal action of the human body. And, on the other hand, no science so complete, no theoretical information so copious, can suffice to form the medical character, without the strictest attention to the most minute observation of facts and phenomena, and a just regard to the experience of others in the application of medicinal agents. Truth is generally found between extremes. And the Eclectic physician, as his name implies, culls from all theories what they may contain of good, and, free from prejudice and bigotry, never disdains a practice which experience and reason have proved to be beneficial; at the same time, he is no slave to antiquity, no violent hater of novelty. He knows no dread of innovation, simply as such, and is as ready to avail himself of any new lights and discoveries, as he is considerate and regardful of the past.

"Unfortunately there is too great a tendency in the human family to adhere with dogmatical tenacity to old errors, rather than search after truth; and even truth, when ascertained, is often rejected, or with too much reluctance adopted. When Harvey discovered, or rather demonstrated the circulation of the blood—to which we have already had occasion to allude—history tells us, that not a single physician in England, over forty years of age, appreciated or acquiesced in the discovery. Even at the present day, an old physician of high reputation, Doctor Cartwright, of New Orleans, forgetting that a fact once affirmatively proved can never afterward be overthrown, has published a new hypothesis upon this subject. Times have been, when to promulgate a new discovery, was to invite persecution, and to be the open advocate of a new truth, frequently led to the prison or the stake. Mankind seems to have an appetite for falsehood. And when a truth is for the first time ascertained, and promulgated, many persons, too ignorant to investigate, too stupid to comprehend, or too bigoted to admit, stir up the prejudices of the unlettered multitude, and after having cried on the pack, are reckless, for their part, if the truth itself, were it possible, should perish with its advocates. Enoch and Noah, as a great man said, were not the only ones derided by the multitude for adherence to duty. Truth has always had her martyrs. Socrates, with smiles received the hemlock—the popular reward of his labors and devotion for his country and his race.

"No matter how beneficial to the human family, no matter how calculated to relieve suffering, let a mode of cure be new, it is met with sweeping denunciations of humbug and quackery. Pretension, alas! is more common than knowledge. An empty nod from an old official head has, too often, more influence over the masses than real merit in the young. He who has the manliness to lift up his voice in defence of newly discovered truth against old theory, though acting in behalf of the best interests of the human family, is too often doomed to penury and persecution. Such has been the case in our own day, and in this land of liberty. But "the schoolmaster is abroad in the land," and we hope or whether there was merely a *dislocation* of Steele's arm. A theory proposed by Dr. Van Ingen to establish that there was only a dislocation, was set in opposition to the positive testimony of witnesses as to the actual fact of a fracture. The trial turned on whether the fact or theory was true.

THE ECLECTIC MEDICAL JOURNAL FOR 1858.

With the January number we commence the seventeenth volume of the Eclectic Medical Journal, or the second volume of the fifth series. As heretofore, we shall endeavor to make the Journal an interesting medical periodical, for which purpose it will receive the assistance of the ablest medical writers of the country. A large portion of the matter will be original; and while a strict watch will be held over every improvement in the science, and the facts will be presented in the department of selections, no pains will be spared to infuse into the editorial department a vigor worthy of reformation in medicine.

It will be observed that this journal contains more matter than any two dollar medical journal published in the world. We have, at all times, endeavored to make our journal worthy of patronage, and our lists bear evidence of its increasing popularity. It will continue to be the honest and fearless advocate of Eclecticism, and to furnish matter every way worthy of the attention of the medical man. We say, therefore, to our readers, examine our Journal, compare it with any other, and if found worthy of patronage, send in your renewals for subscription.

LOCATION.

A good Eclectic physician is wanted at Crab Orchard, Ray Co., Mo. This is a good stand, and one worthy of attention. Inquiries concerning the location may be directed to Daniel P. Johnson, at Crab Orchard, Mo.

G. LUNDY GIBBS, M. D.

The name of Dr. Gibbs, a worthy and staunch man in the profession, appears in a report of the Eclectic Medical Convention of Indiana, in another page. Dr. Gibbs, being honestly opposed to one feature of the constitution, requests us to erase his name from the committees, but this we have no right to do, and hence this explanation.

LINDSAY & BLAKISTON'S CATALOGUE OF MEDICAL BOOKS.

We have received from the above publishers their catalogue, which is full, with the prices of books added. All who desire medical or scientific books would do well to send and get a catalogue of Lindsay & Blakiston, Philadelphia, Pa.

THE INFANT PEDESTRIAN.

This is a remarkable and valuable contrivance for teaching babies to walk. It is really a great protection for children, is a good way to exercise the child, and at the same time to amuse it. Besides, it is a handsome article of furniture. Whoever wishes to see his little "Peleg" stepping around at six months, independent of nurse and mamma, has only to get one of Robbins' apparatus. E. G. Robbins of Cincinnati has them for sale.

QUERY.

We wonder if there is not about to be a medical school, board, bag and contents, removed from this to a neighboring city. Such a thing is whispered—we hope it is not true, for it would be *so* dull if we had no opposition.

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